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ABSTRACT

This KIDS COUNT statistical report is the first to examine indicators of children's well-being in Hawaii. The bulk of the report is comprised of the indicator results and is divided into four major sections: (1) family composition and resources, including children in poverty, children in single parent families, births to single teens, and children with health insurance; (2) infancy and preschool years, including births with low birth weight, infant mortality rate, school readiness, children at risk for developmental problems, immunization rates for 2-year-olds, and child abuse and neglect rates; (3) early school years, including child death rates, children of working parents in after school programs, fourth graders' academic progress, and children with special needs; and (4) adolescence and youth, including eighth graders' academic progress, high school graduation rates, teens not connected to any productive activity, substance use, teenage pregnancy, teen violent deaths, and juvenile arrest rates for violent crimes. County, gender, and ethnicity comparisons are made for some indicators. The report also provides a demographic profile of Hawaiian children, suggests additional indicators that would be useful in Hawaii, compares Hawaiian data to national data, and details the report's methodology and data sources. (KDFB)

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"We need more than kind sentiments about children. We need to draw on the rich resources of our community to address their needs."

— Rabbi Harold Kravitz

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Kids Count in Hawai'i

This is the first annual report on the well-being of kids in Hawai'i. It was produced by Hawai'i Kids Count, a collaboration of the University of Hawai'i-Manoa Center on the Family, the Governor's Office of Children and Youth, and the Hawai'i Community Services Council. It has been funded by the Annie E. Casey Foundation.

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Each Day In Hawai'i

Although there are only 308,228 keiki in Hawai'i, they experience the following:

- nearly 1 in 6 live in poverty;
- over 1 in 5 live with a single parent;
- 18 babies are born whose mothers did not get prenatal care in the first trimester;
- 4 babies are born with dangerously low weight (less than 5.5 pounds);
- there are 5 births to teen moms, 4 of whom are not married;
- 12 reports of child abuse are made, 55% of which will be confirmed;
- there are 14 youths arrested for serious crimes.

In Addition:

- one infant dies every 72 hours (3 days);
- one child dies every every week;
- there are 2 teen deaths from homicide, suicide, or accident every month.

Table of Contents

Acknowledgements 4
Our Vision for Hawai'i's Kids 5
Demographic Profile of Hawai'i Kids 6
How to Use this Book 8
Family Composition and Resources 9
Children in Poverty 12
Children in Single Parent Families 13
Births to Single Teens 14
Children with Health Insurance 15
Cost of Shelter 16
Infancy and Preschool Years 17
Early Prenatal Care 20
Low Birth-Weight Infants 21
Infant Mortality 22
Fully Immunized Two-Year Olds 23
Children At-Risk for Developmental Problems 24
Preparing for School 25
Child Abuse and Neglect (Birth through Age 5) 26
Early School Years 27
Child Deaths 30
Children of Working Parents in After School Program 31
Measuring Academic Progress 32
Academic Progress of Fourth Graders 33
Children with Special Needs 34
Other Educational Measures in Elementary Years 35
Child Abuse and Neglect (Ages 6 through 11) 36
Adolescence and Youth 37
Academic Progress of Eighth Graders 40
Other Educational Measures in Secondary School Years 41
High School Graduation 42
Idle Teens 43
Juvenile Arrests for Violent Crimes 44
Substance Use 45
Teenage Pregnancy 46
Abuse and Neglect (Ages 12 through 17) 47
Teen Violent Deaths (Ages 15 through 19) 48
What We Want to Know, but Don't 49
Trends in Basic Indicators: Hawai'i and US 50
Methodology and Sources 52

HAWAII kids count

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Advisory Council

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Interest and thoughtful critique

Dr. Barbara DeBaryshe, Dr. Stephen Yeh, Shair Neilsen, Dr. Mike Sklarz, and Sandra Potter-Marquart. Photographs were mostly taken by kids as part of the Na Ki'i project sponsored by the Governor's Office of Children and Youth.

Data analysis, writing and coordination of the book

Marcia K. Hartsock, with assistance from Wai Kwan Wong, Sandra Potter-Marquart (Introduction to Family Section) and Dr. Robert Springer (Educational Assessment Section)

Our Vision for Hawai'i's Kids

Our vision is that "Hawai'i's keiki are active participants in a safe, nurturing and stimulating community that enhances every child's opportunities to become a productive, responsible adult appreciative of our cultural diversity and natural environment."

Hawai'i Kids Count Advisory Council

'Keiki' is widely understood as the Hawai'ian word for children. A deeper look into the meaning of the word is revealing. The Hawai'ian Dictionary (Pukui and Elbert, 1986) gives the following definition: "child, offspring, descendant, progeny, ...son of a dear friend; ...shoot or sucker, as of taro." The concept of belonging, of growing up next to caring elders, be they human or native plant, shines through. The young shoot grows close to the older taro from which it sprung and depends on it for sustenance, strength, and community. It is in recognition of this responsibility that we chose to use 'keiki'.

We also wanted to emphasize that kids are part of the solution, that we are acting with kids rather than doing 'for' or 'to' kids. And while we cannot assure good outcomes, we can work on enhancing opportunities for all. This is not just for someone else's children, for some minority of the population, but for all Hawai'i's kids at all stages of their life.

"We have not inherited the earth from our ancestors; we have only borrowed it from our children."

Ancient Proverb

Demographic Profile of Hawai'i's Kids

There were 292,616 children and youth ages birth to 19 in Hawai'i in 1980. By 1990, that number had increased by 0.5% to 294,098. The official estimate in 1992, prepared by the Department of Business, Economic Development and Tourism, was 308,228.

Location

The numbers grew on the neighbor islands, but decreased on O'ahu.

By County:	1980	% of All Kids	1990	% of All Kids	% change
Honolulu	228,567	78.11	215,378	73.23	-5.77
Hawai'i	29,573	10.11	35,874	12.20	21.31
Kaua'i	12,459	4.26	14,759	5.02	18.5
Maui	22,017	7.52	28,087	9.55	27.6

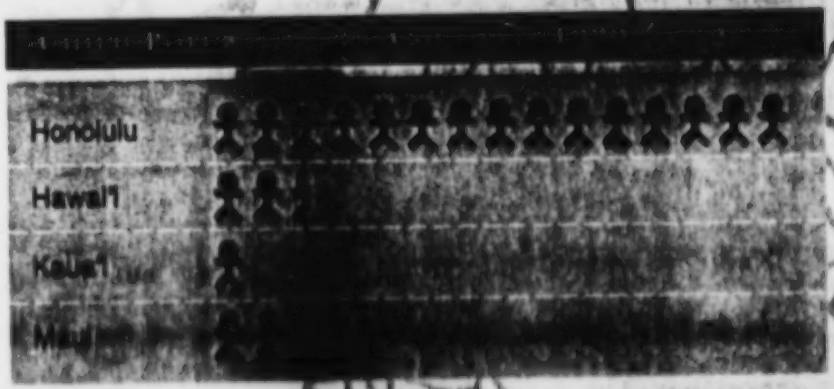
Nearly two-thirds of Hawai'i's children and youth (63.47%) live in urbanized areas, while only 0.6% live in rural farm areas. Persons under 19 years of age are more likely to live in the urban fringe, while adults are more likely to live in the central urban areas.

Proportion of the Population

Children and youth are a declining proportion of the entire population, while the percentage of those who are over age 64 is increasing:

Age	1980 % of Total	1990 % of Total	% change
under age 20	32.25	27.96	-13.3
over age 64	7.87	11.25	42.9

The dependency ratio (computed by adding together those under 15 and those over 64 and dividing by the number of 15 to 64 year-olds) has increased slightly from 31.15 to 32.32 due to the increase of senior citizens.



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Ethnicity

It is impossible to detail changes in the proportions identifying themselves as belonging to the major ethnic groups in Hawai'i as the 1980 census grouped these differently. However, Hawai'i's rainbow in 1990 was composed as follows:

Caucasian	30.22%
Hawai'ian	18.36%
Japanese	15.75%
Filipino	17.46%
Chinese	3.79%
Pacific Islander	3.46%
African American	2.94%
Korean	1.99%
Other	6.03%

Other important facts about Hawai'i's Kids:

- 183,982 or 65.7% of the children under 18 years of age had both parents or their only parent in the labor force.
- 29,600 or 14.9% of children ages 5-17 speak a language other than English at home, with over 9,000 of them in 'linguistically isolated' homes.
- 12,664 or 4.5% of children under age 18 are not living with a parent.
- 14,000 or 0.5% of children live in severely distressed neighborhoods, where there are high levels of (1) poverty; (2) female-headed families; (3) high school dropouts; (4) unemployment; and (5) reliance on welfare. As a national study by Kids Count found, "...families living in communities where these problems are so intensely concentrated find it exceptionally difficult to ensure that their children will grow into healthy, skilled, and productive adults."

How to Use this Book

The goal of Hawai'i Kids Count is to improve the well-being of Hawai'i's children and their families by increasing public awareness of their condition and serving as a catalyst for positive actions on their behalf. The objectives of the project are to:

1. establish and maintain a data-base of information which accurately describe the status of children in Hawai'i;
2. analyze national and state data pertaining to children;
3. develop a strong constituency for children by informing the public, media, elected officials, community leaders, and others regarding the status and needs of children; and
4. monitor Hawai'i's progress in improving the well-being of children and families by tracking key indicators over time.

The annual data books are designed to be the centerpiece in our efforts to inform and increase understanding as a way to inspire productive change. Numbers can be a tool for getting a closer, clearer picture of the status of children and youths in our state. Throughout the book we have used the term "indicators" to name the data points that we think are important hints (or indications) about their well-being. The indicators are based on existing data from a number of sources, mostly government agencies officially tasked with gathering the information.

After determining our vision for Hawai'i's keiki, we examined the various domains of development to identify what we would need to know in measuring our progress toward that vision. The guiding principles in selecting indicators were these:

- the data item should reflect some important and widely accepted value for children;
- the statistical indicator must be available from a reliable source and consistent over time;
- so that we can know about the life chances of subgroups in our state, the data should be available by county or smaller geographic unit, by ethnicity, gender, age, or other special unit of interest.

A note of caution: One of the problems with providing accurate data is the lack of current information, particularly regarding the total population at risk of certain events (birth, death, pregnancy, arrest, graduation, etc.). We are greatly dependent on the census which is taken every ten years to provide specific numbers of the population of each county or each ethnic group. That is one reason why we have used 1980 and 1990 data to show trends of the past. The Department of Business, Economic Development & Tourism, working with the Census Bureau, has made estimates for 1992 by single year of age and by gender. Hawai'i Kids Count has used the percentage of the 1990 population residing in each county and the percentage reporting association with the major ethnic groups in Hawai'i in estimating the base child population for counties and for ethnic divisions, respectively.

In evaluating statistics, one should be careful to examine them in context. We use rates or percentages (which are really rates per 100) so that unequal populations can be meaningfully compared. We also express the 'annual rate of change,' so that change in each of the ten years from 1980 to 1990 can be compared with change in each of the years from 1990 to the most recent data available, usually 1992 or 1993. The rate of change is stated as a percent.

In areas with small populations, a small number of events can translate into a large rate of change. Interpretation of changes, particularly at the sub-population level (county or ethnic group), should be made with great care. That is one of the reasons for looking at data over time. The data are usually accurate, although it is possible that the data points selected (1980 and 1990 in our case) may not be representative of the whole time period.

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"America's future is

forecast in the lives of

its children and the

FAMILY COMPOSITION AND RESOURCES

ability of their families

to raise them."

Beyond Rhetoric: A New American Agenda for Children and Families

Final Report of the National Commission on Children, 1991

Family Composition and Resources

When families flourish, so do their children. When families falter, children suffer. Nothing is more important to a child than his or her family. The family's resources — financial, emotional, cultural, intellectual — provide the basic ingredients for healthy physical growth and emotional development.

Our families are undergoing transformation at the same time they are faced with stresses which threaten family stability. Nationally, the male breadwinner/female caretaker family model is no longer the norm. Other family configurations are occurring with more frequency: divorced and remarried families, single-parent families, families with two income earners, three-generation families, and other family units. In 1950, about one-half of US households were traditional intact families; this proportion declined to only one-tenth in 1985.

The family is the primary institution of our society.

For Hawai'i, recent US census figures indicate that married couples with children under the age of 18 comprised only 28% of all families in 1990, down from 35% in 1980. (Childless couples and those whose children are grown make up 52.3% of all families.) During the same period, the number of children in Hawai'i 18 years of age and younger living with single parents grew from 17.9% to 20.8%. Among the expanding groups of non-traditional families are those headed by unmarried teens with the percentage of children living in these households increasing from 6.5% in 1980 to 7.9% in 1992.

Other lifestyle changes have accompanied the structural reorganization of the family. Making ends meet in Hawai'i has made two-income families a necessity. In a *Honolulu Advertiser* poll of 605 adults conducted in February of 1994, by far the greatest percentage of respondents (54%) felt that the most serious problem facing their family was the cost of living. Despite the relatively low unemployment rate of the late 1980s and early 1990s, there has been a long term decline in wage and income growth in the state due to the prevalence of lower paying sales and service jobs. In the past 10 years both dual-wage families and multi-job holders have increased. Not surprisingly, Hawai'i has one of the highest rates in the country of females in the workforce, or 60.6% of all women 16 years and older (excluding those in the military).

With so many dual-income families in the state, finding quality child care has become difficult at best. In 1989, there were approximately 26,000 spaces available in registered or licensed child care facilities for an estimated 159,000 children in need of child care, with the lack of availability being more acute for infants and toddlers.

Added to this stress for many families is their responsibility to care for aging parents. Along with the rest of the nation, our state is experiencing the "graying of America." During the decade between 1980 and 1990, the number of persons 60 years of age and older in Hawai'i increased by 52% contrasted with a mere 15% rise for the general population. Hawai'i's elders live with family members or friends in much greater percentages than their mainland counterparts, because of the high cost of living and a cultural heritage which promotes multi-generational living. Approximately 77% of all seniors have such living arrangements as compared with the national average of 28%. There are many positive aspects for children being raised in a multi-generational household; however, the additional care-giving responsibilities can be burdensome for family wage earners in the "sandwich generation."

Hawai'i's high cost of living has severely touched the lives of our children in other ways as well. The number of poor children living in the state has grown from 13% in 1979 to 17.2% between the years 1986-90 — a 32% increase! Alarmingly, 41 percent of the female-headed families in the state with children under 5 years of age are living in poverty. Also very disturbing and indicative of the current economic decline of families is the recent rise of homelessness. As of early 1992, there were an estimated 2,500 households

without permanent shelter, with an additional 17,000 households thought to be sharing accommodations with others because of their inability to find affordable housing.

Without a doubt, families are becoming increasingly vulnerable both socially and economically. National studies indicate that families are losing ground in their ability to function well and in general are more at risk than earlier generations. In response to these troublesome negative trends, we have seen a growing awareness of the need for a comprehensive platform for strengthening of families. This began at the national level with President Jimmy Carter's announcement of the White House Conference on Families in 1980. Locally, family strengthening was also a major focus of the Decisions 1987/Action 1988/Impact 1989 process, a cross sector cooperative initiative sponsored by the Hawai'i Community Services Council and the Aloha United Way. Most recently, key policy recommendations were advanced by the Governor's Family Policy Academy regarding a course of action to enhance government and other organizational services delivery systems.

The family is the primary institution our society, the foundation upon which we depend for the successful nurturance of children as well as the health and well-being of society as a whole. Without the existence of healthy families to perpetuate our traditions and values, our country will increasingly fall victim to social ills which diminish the quality of life, the vitality of our communities, and our ability to raise responsible children capable of grappling with tomorrow's challenges.

A recent glimpse of families in Hawai'i shows that during an average year:

- **2,504 families are homeless (1 in 100);**
- **16,053 families live in poverty (1 in 17);**
- **2,639 are victims of domestic violence in Honolulu alone;**
- **154,000 adults are functionally illiterate;**
- **41,760 children under the age of 18 live with single parents;**
- **683 babies are born to teens 17 years and younger; and**
- **1,585 children are in State care, due to their own or family problems.**

Children in Poverty

Children are more likely to be poor than other age groups, including the elderly

We begin our assessment of the well-being of kids by understanding their economic circumstances and that of their families. Economic status is measured here by examining the percentage of children living in families where the income is below official poverty levels set for Hawai'i. This rate reflects an austere level of existence. Available research suggests that children who are "near poor" also suffer disadvantages compared to children who are better off materially.

Growing up in poor and low income families has been associated with a host of negative outcomes for children: less adequate prenatal care and low birthweight, with higher infant mortality; lower levels of school readiness and slower intellectual development; frequent moves that interrupt family stability and schooling; higher levels of personal and family stress; and lower levels of educational and socioeconomic attainment as adults.

Some children are more likely to be poor than others. Data from the 1990 census show that children in Hawai'i County were twice as likely to be poor (19.8%) as children in other counties. Children living with a single parent were much more likely to be poor (29.8%) than children living with two parents (4.7%). Children are more likely to be poor than other age groups, including the elderly.

Note: Kids Count prefers to use 115% of the federal poverty level to define poverty in Hawai'i. This allows for better comparison with other states where the cost of living is much lower. However, data by county and ethnicity is not available at 115% of the federal poverty level. Therefore, the standard US poverty level will be used in the lower portion of the table so that relative poverty within the state can be understood.

	1980	1990	Annual Rate of Change 1980-90	1992	Annual Rate of Change 1990-92	Recent Trend
State	18.2	16.7	-0.86	17.4	2.05	●

	1980	1990	Percent Change
State	13.0	11.1	14.67
COUNTY:			
Honolulu	13.0	10.1	22.39
Hawai'i	15.6	19.8	27.19
Kaua'i	9.7	8.1	16.87
Maui	11.4	9.5	16.45
ETHNICITY*			
Caucasian	n.a.	9.2	
Japanese	n.a.	2.8	
Hawaiian	n.a.	19.9	
Filipino	n.a.	7.9	
Chinese	n.a.	7.3	
African-American	n.a.	11.5	
Korean	n.a.	8.3	
Pacific Islander	n.a.	30.2	

**No comparable data available from 1980 Census for ethnicity.*

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Children in Single Parent Families

Of the families with children under the age of 18, 1 in 5 are headed by a single parent in Hawai'i; the corresponding number is 1 in 3 for the nation

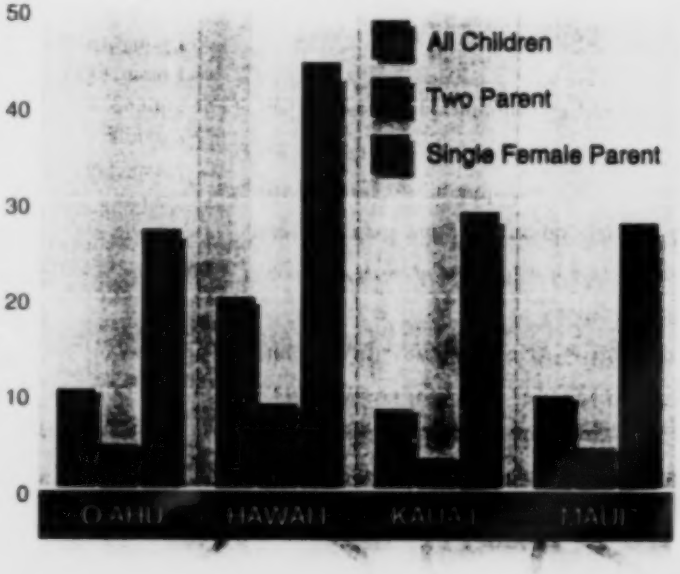
Parents are the most important adults in most children's lives. The number of parents living with a child is strongly associated with the economic and parenting resources available to that child. Many single parent families have other adults in the household (relatives or parent figures) who may contribute to child rearing, and the simple presence of two parents does not guarantee a nurturing atmosphere. However, two parent families usually have more resources than single parent families which makes many family tasks easier to achieve.

There has been a growing percentage of children living in single-parent households, nationally and in Hawai'i. Of the families with children under the age of 18, 1 in 5 are headed by a single parent in Hawai'i; the corresponding number is 1 in 3 for the nation. Nearly 81% of children in Hawai'i's single-parent families live with their mothers.

Children living in Hawai'i's single-parent households are eight times more likely to live in poverty than are other children. In 1989, the median income for families with children headed by single mothers was $14,843 and for families headed by married couples was $37,030.

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Trend
State	17.8	20.8	1.56	20.2	-0.98	●
COUNTY:						
Honolulu	17.2	18.5	0.73	n.a.		●
Hawai'i	17.9	22.0	2.06	n.a.		●
Kaua'i	10.6	18.1	5.35	n.a.		●
Maui	17.4	19.7	1.24	n.a.		●

CHILD POVERTY BY FAMILY TYPE



A major problem faced by children in single-parent households is the greater risk of poverty. In every county, children in two-parent families are significantly better off financially than are children in a single-parent household.

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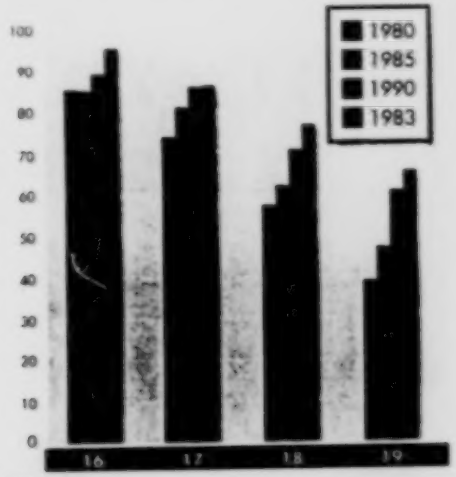
Births to Single Teens

The percentage has been increasing at a faster rate in Hawai'i than nationally

Children born to teen mothers are much more likely to experience the following: living in poverty; higher rates of acute and chronic health problems; higher rates of child abuse and neglect; higher rates of school failure; and an increased chance of becoming a teenage parent when older. Teenage parenting, even with adequate financial, emotional, medical and educational support, can be tough work.

Teens account for 30% of all non-marital births in Hawai'i. Nationally, 9% of all births are to single teen moms as compared to 7.9% in Hawai'i, but the percentage has been increasing at a faster rate in Hawai'i than nationally. The national rate is exceeded on both Hawai'i and Kaua'i. The only ethnic groups which meet or exceed the national percentage are Hawai'ians and Pacific Islanders, but in neither case does the trend since 1980 show rapid increase. Nearly two-thirds of all births to single teens are to Hawai'ian women.



	1980	1985	1990	Annual Rate of Change 1980-90	1993	Annual Rate of Change 1990-93	Trend 1990-93
State	6.5	6.2	7.6	1.6	7.9	1.1	●
COUNTY:							
O'ahu	6.2	5.9	7.1	1.3	7.0	-0.4	●
Hawai'i	7.8	8.4	10.1	2.5	12.1	6.3	●
Kaua'i	7.1	6.7	7.4	0.5	9.8	9.3	●
Maui	6.6	5.7	9.0	3.1	8.7	-1.1	●
ETHNICITY:							
Caucasian	0.6	0.5	2.1	12.5	2.0	-1.3	●
Japanese	2.3	1.9	3.0	2.8	1.8	-16.4	●
Hawai'ian	13.1	12.8	14.8	1.2	15.5	1.6	●
Chinese	1.2	1.0	1.7	3.7	1.1	-12.8	●
Filipino	5.8	6.2	7.5	2.6	7.1	-1.9	●
Korean	2.2	0.9	1.9	-1.4	3.5	20.6	●
African-American	3.7	1.7	3.2	-1.3	4.7	12.6	●
Pacific Islander	5.8	6.4	7.4	2.5	9.0	6.3	●
BY AGE OF MOTHER (percent of single teen)							
13-14	1.4	0.7	1.5		1.7		●
15-17	38.0	38.1	37.6		37.5		●
18	30.7	29.7	26.1		26.6		●
19	29.9	31.5	34.8		34.2		●

TREND TO REMAIN SINGLE AS TEEN PARENT

It is not unexpected that at the lowest ages, almost all teens giving birth are unmarried. However, there has been a significant increase in these 18- and 19-year-old moms who are single parents.

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Children with Health Insurance

Children without health insurance may be forced to wait for attention until a minor infection becomes a full-blown emergency

You don't need to listen to the national debate concerning health care reform for long before you understand the plight of those who do not have health insurance. Children without health insurance may be forced to wait for attention until a minor infection becomes a full-blown emergency. They may have to depend on the kindness of strangers in white coats in hospital emergency rooms because they cannot afford regular care from a doctor who knows their name and medical history. The low rate of immunization for childhood diseases is undoubtedly related to this lack of access, although there are other factors involved, too.

Nationally, nearly a quarter of the 37 million Americans who are uninsured are children. At least 1 of every 6 children in the United States lacks health insurance coverage. In Hawai'i, even though employers are required to offer and contribute toward the cost of health insurance, nearly 1 child in 10 is uninsured. Only two states, Connecticut and Minnesota, have a better rate of coverage for children.

Especially hard-hit are those who live in families with incomes at just above the poverty line, as they are more likely than the poorest children to lack coverage.

The 1992-1993 Annual Report of School Health Services found the number of uninsured students in public schools to be lower than the Current Population Survey reported for all children. School records show the percent of public school students without health insurance as follows:

O'ahu	3.0%
Hawai'i	8.8%
Kaua'i	8.8%
Maui	3.2%

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	84.3	92.1	0.79	93.9	0.97	●

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Cost of Shelter

Nearly 33% of households are overburdened with shelter payments

The largest share of family income normally is spent on housing. As a general rule, the lower the family income, the larger the proportion of that income which must be committed to shelter. When the share which must go to housing costs is large, other demands on income must be reduced. This means that a high shelter-to-income ratio may force families to curtail spending on clothing, medical care, books, and other items important to developing children.

A commonly used measure of shelter cost burden is whether shelter costs exceed 30% of household income. Statewide, nearly 33% of households are overburdened with shelter payments in excess of 30% of income. Home ownership in Hawai'i is experienced by 52% of the population:

O'ahu	48%
Hawai'i	68%
Kaua'i	60%
Maui	61%

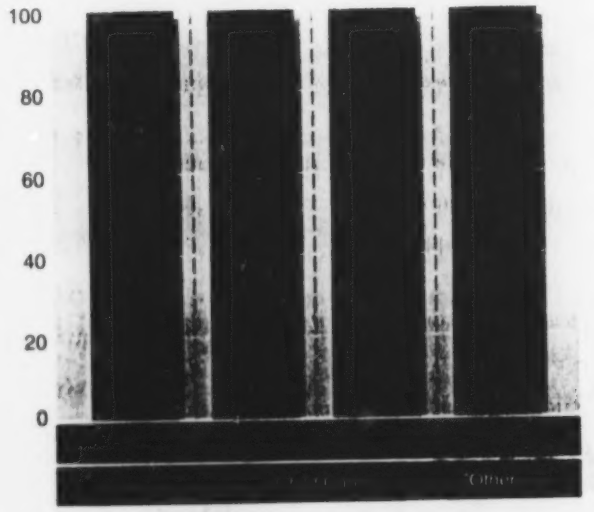
The shelter cost burden is greatest for new home buyers and for those who rent; 43.7% of all renters in 1992 had a shelter-to-income ratio of 30% or more.

O'ahu	44.6%
Hawai'i	37.8%
Kaua'i	36.0%
Maui	43.8%

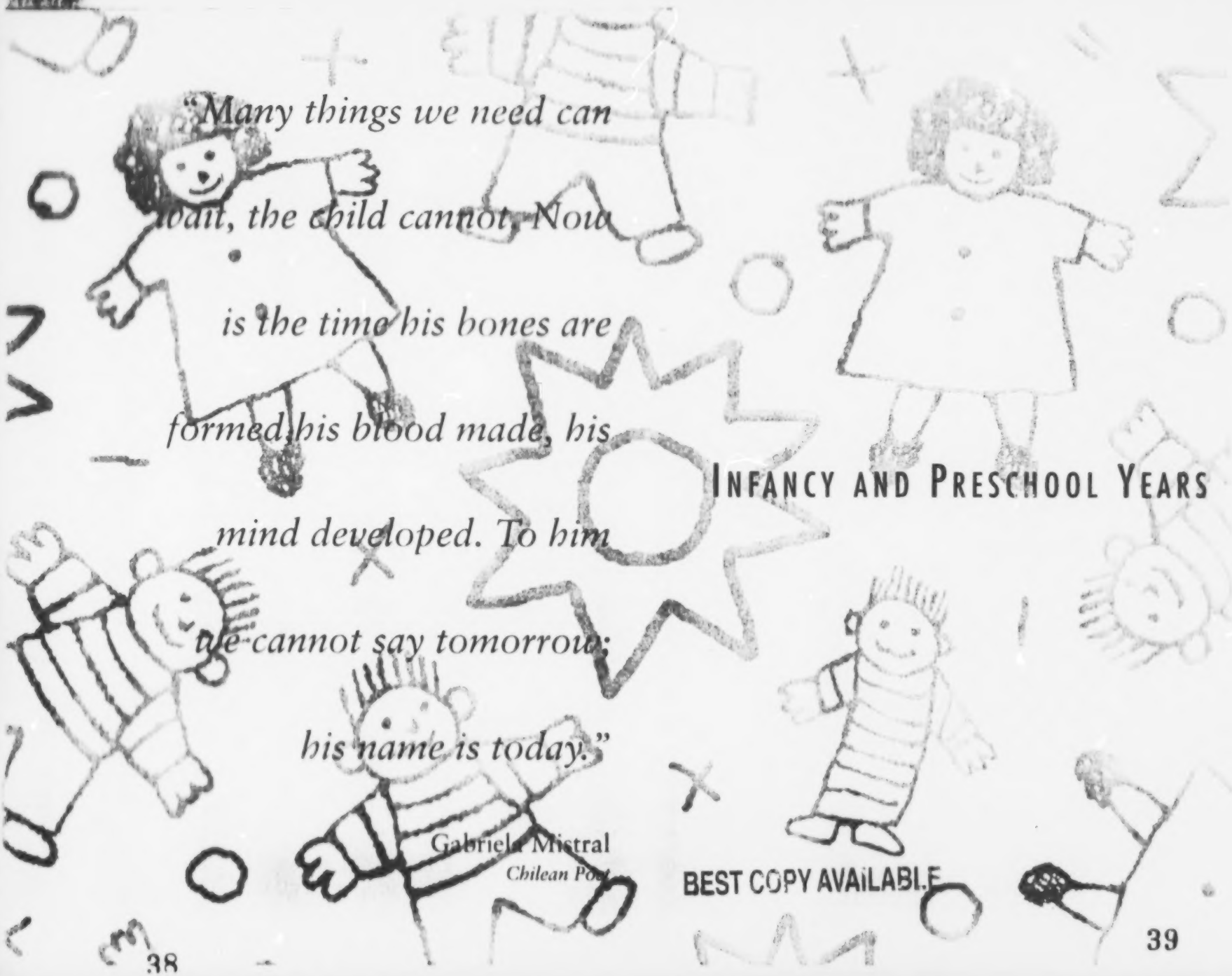
Those families who have recently come to Hawai'i or who move frequently have greater shelter-to-income ratios. Of those who had lived less than one year in their current home, 57.8% had shelter costs in excess of 30% of their income. Of those who had lived in their current home for over ten years, only 12.6% statewide had such heavy shelter burdens.

PERCENT SPENDING 30% OR MORE OF HOUSEHOLD INCOME

	1992
State	32.9
COUNTY:	
Honolulu	34.3
Hawai'i	23.9
Kaua'i	31.4
Maui	33.9



Poor and near poor families obviously must concentrate their spending on absolute necessities while those who have greater financial resources spend a smaller proportion of their income on shelter. A 1989 study on child care by the Governor's Office on Children and Youth revealed the demand of shelter and child care costs on families with differing incomes. Families with income of less than $20,000 can spend less than half of their restricted income for food, transportation, clothing, school and medical expenses.



"Many things we need can wait, the child cannot. Now is the time his bones are formed, his blood made, his mind developed. To him we cannot say tomorrow; his name is today."

Gabriela Mistral
Chilean Poet

INFANCY AND PRESCHOOL YEARS

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Infancy and Preschool Years

Mention babies in most non-work conversations and note the smiles. Politicians kiss them, grandparents, aunts and uncles brag about them, parents flash pictures of them, other children hover over them. Of course, there is the responsibility factor. Responsibility has many levels and is ideally shared. Caring and resourceful parents who are joined by family and friends in nurturing the child must be supported by the larger society. This has led to the widespread adoption of the African proverb: "It takes a village to raise a child."

The birth of a baby is often the real birth of a family. Those who marry are called "a couple" until they have a child. The birth of a child is usually anticipated with great joy, although the wise ones will combine that with the recognition that any birth brings change, which is in itself stressful. The care of a child begins even before birth with the development of parenting attitudes and knowledge and the provision of physical protection. That is one of the reasons for the emphasis being placed on early and continuous prenatal care for pregnant women.

The care of a child begins even before birth with the development of parenting attitudes

It was long felt that all American women who had easy access to health care (financially, geographically, and otherwise) would visit a physician within the first trimester of a pregnancy. However, even as more has become known and publicized about the effects of the mother's health behaviors on the unborn child, there has been a decline in the percent of those seeking early prenatal care.

According to 1992 birth certificate information in Hawai'i, 11.2% of all women giving birth smoked and 1.8% reported consuming alcohol during pregnancy, with native Hawai'ian and Samoan women being more likely to smoke and admit to alcohol consumption. This is much less than national rates of a decade ago. Nationally, in 1980 fully 25% of married mothers with infants smoked during pregnancy and nearly 40% drank alcohol.

Of babies born with birth defects in Hawai'i during 1989 and 1991, 24.4% of the mothers smoked, 11.7% drank alcohol, maternal drug usage alone was evident 10.7% of the time, and maternal use of both drugs and alcohol occurred another 22.3% of the time, according to reports from the Department of Health. Statewide, it is estimated that .01% (10.4 per 100,000 live births) of all infants are born with fetal alcohol syndrome. This compares to a national estimate of between 100 and 300 per 100,000 live births.

The use of illicit drugs during pregnancy appears to have increased significantly in Hawai'i, as in the rest of the nation. The Child Protective Services Medical Team at the Regional Perinatal Center (Kapio'lani Medical Center) reported 108 "drug exposed" babies in 1989, a big increase over the 17 found in 1987. Further testing done between 1989 and 1992 found that 4.4% of all pregnant women tested had a positive urine drug screen. Most of these women were in the 19- to 29-years-of-age bracket and had more than 12 years of education. Over half were Hawai'ian, one quarter were Caucasian, while few were Asian. The county of Kaua'i had the highest rate, nearly double the rate of other counties.

Another area of risk to newborns that has increased greatly in recent years is AIDS. In the late 1980s a seroprevalence survey of newborns revealed an HIV positive prevalence of 0.3 infants per 1,000 live births. This data and other information about the development of AIDS, lead to the projection that Hawai'i would have 2 to 5 cases of pediatric AIDS each year.

Of course, most infants get off to a healthy start and attention can then shift to their safety and development. One of the major concerns for most parents is the availability and accessibility of quality child care. Nationally, 28% of preschoolers were in child care centers in 1990, up from only 6% in 1965. A 1989 study by the Governor's Office of Children and Youth found that less than a third of the infants, toddlers and preschoolers in Hawai'i's

workforce households with child care were cared for in their home. Of the two-thirds cared for away from home, over 60% of infants and toddlers were cared for in non-family homes. For older preschoolers, center based care was the prevalent mode.

In Hawai'i in 1990, 58.1% of all children under age 6 had both or their only parent in the labor force. Nationally, among women with some college (from no degree to graduate/professional degree) who gave birth, over half returned to the workforce before the child's first birthday. Among high school grads, 44% were back on the job within a year of giving birth. This means a great deal of the responsibility for the emotional, cognitive, and social development of children is shared by parents and child care providers. Many studies have shown that preschool experiences are enriching for children and help to prepare them for school. That is one reason that access to preschool for Hawai'i's poorest children has been identified as an important indicator for this report.

The only measure that has been available regarding the 'school-readiness' of Hawai'i's children has been the results of the Peabody Picture Vocabulary Test. In 1991 it was found that 80% of children entering kindergarten tested below age level in vocabulary development on the Peabody. The 1991 Carnegie Foundation report found 60% of Hawai'i's kindergarten children were lacking in language skills. The Department of Education has ceased the system-wide administration of a school readiness test, although individual schools still use it.

A recent glimpse of Hawai'i's infants and pre-schoolers shows that during an average year:

- 6,344 babies are born whose mom's did not get early prenatal care;
- 1,342 babies are born weighing less than 5.5 pounds, most needing neonatal intensive care which costs more than the cost of nine months of prenatal care;
- 141 infants die before their first birthday — about 3% of these from injuries rather than illness;
- 1,303 infants are born with risk factors (biological or environmental) that make them likely to experience developmental delays;
- 6,930 three-year-olds have not yet received the full range of basic recommended immunizations;
- 62,625 children under 5 have both parents or their only parent in the labor force and have need for safe and stimulating child care;
- 938 pre-schoolers are the victims of confirmed child abuse and/or neglect, 28% of whom are under 1 year of age.

Early Prenatal Care

In 1993 fewer women in Hawai'i visited a doctor in the first trimester of their pregnancy than in 1980

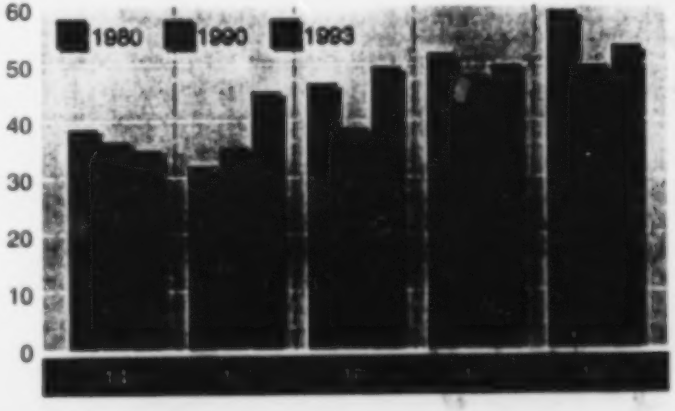
The receipt of early and ongoing prenatal care increases the chances of delivering healthy, full-term, normal-weight babies. Early prenatal care can encourage good health habits during pregnancy, lead to early detection of medical problems and provide a gateway to support and assistance. All these are associated with improved birth outcomes.

About 76% of US women, but only 49% of those under age 18, got prenatal care in the first trimester of pregnancy in 1991, the latest year for which national data were available. Although 76% Hawai'i's women had early prenatal care in 1980, in 1993 fewer women visited a doctor in the first trimester of pregnancy than in 1980. There has been a fairly steady decline statewide.

Hawai'i County has the highest percent of women taking this important step, followed by Kaua'i. There have been recent gains among Pacific Island women, although their percentage continues to be by far the lowest. Japanese women are most likely to seek early medical care, but 12% fewer did so in 1993 than in 1980.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Trend
State	76.2	68.9	-1.01	67.6	-0.63	●
COUNTY						
Honolulu	78.5	67.6	-1.46	65.9	0.88	●
Hawai'i	68.7	71.0	0.32	77.2	2.81	●
Kaua'i	66.0	66.2	0.03	72.0	2.78	●
Maui	71.2	72.7	0.20	67.8	-2.34	●
ETHNICITY						
Caucasian	81.3	75.1	-0.79	74.9	-0.09	●
Japanese	88.4	81.1	-0.87	76.4	-2.00	●
Hawai'ian	71.5	70.0	-1.17	64.9		●
Filipino	75.5	67.8	-1.08	65.5	-1.11	●
Chinese	88.2	80.2	-0.95	70.9	-4.13	●
African-American	74.3	65.4	-1.27	67.0	0.79	●
Korean	82.4	74.7	-1.82	63.3	-2.75	●
Pacific Islander	48.8	39.8	-2.02	43.5	2.98	●

TRENDS IN EARLY PRENATAL CARE BY AGE OF MOTHER



Younger teen moms are the least likely women to seek early prenatal care — only about a third do so. Only half of the babies born to a teenage woman are likely to have had care from the first trimester. This has a negative impact on the overall data regarding prenatal care and is reflected in poorer birth outcomes for teenage mothers.

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Low Birth-Weight Infants

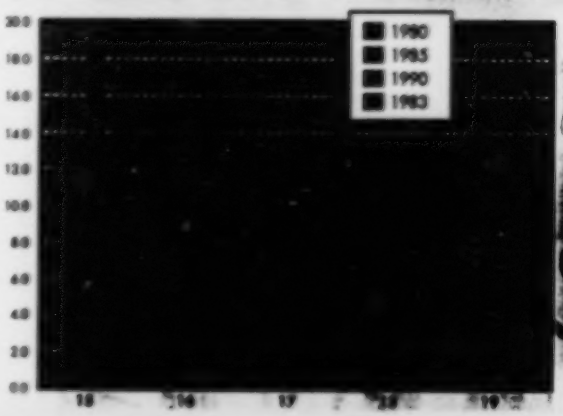
birth is a key indicator of newborn health, and is directly related to infant survival, health, and development

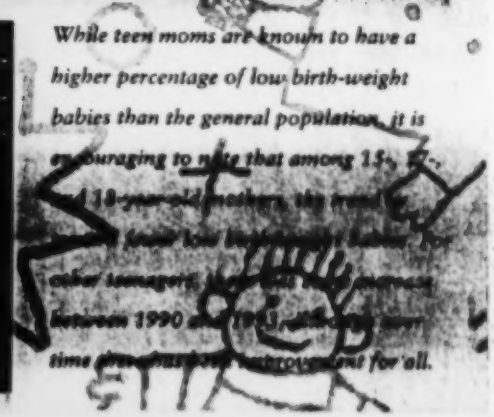
Low birth-weight infants (those weighing less than 5.5 pounds at birth) are more likely to die during the first year than full-weight babies. Research has shown that they are also more likely to experience disabilities and health problems such as mental retardation, developmentat delays, visual and hearing defects, chronic respiratory ailments, autism, and learning difficulties that interfere with normal development and progress in school.

The percent of Hawai'i's babies that are low-weight has been near the national average, dipping slightly lower in the most recent reports. The state goal of having no more than 7.0% of newborns classified as low birth-weight was met in both 1992 and 1993. However, Honolulu County was above that level.

Filipino, Japanese, and African-American babies tend to have a higher incidence of low birth-weight than other ethnic groups in Hawai'i. There was a marked increase in the percentage of Pacific Islander babies that weighed less than 5.5 pounds between 1990 and 1993. All other ethnic groups are showing a trend toward fewer low birth-weight babies.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Recent Trend
State	7.1	7.1	0	6.9	-0.95	●
Honolulu	7.2	7.1	-0.04	7.2	0.15	
Hawai'i	6.1	7.7	2.43	6.7	-4.70	●
Kaua'i	7.5	8.0	0.75	5.2	-14.52	●
Maui	7.5	5.7	-2.83	5.5	-1.02	●
Caucasian	5.4	5.6	0.30	4.7	-5.39	●
Japanese	7.0	6.9	-0.14	7.7	3.47	
Hawai'ian	7.1	7.4	0.41	6.8	-2.68	●
Chinese	4.6	6.2	2.90	6.1	-0.56	●
Filipino	9.6	8.8	-0.87	8.7	-0.47	●
Korean	6.6	4.6	-3.54	4.1	-4.17	●
Pacific Islander	3.9	4.1	0.58	7.3	19.21	
African-American	10.0	11.0	0.97	10.5	-1.60	●
Female	7.5	7.7	0.28	7.5	-0.88	●
Male	6.7	6.6	-0.23	6.3	-1.52	●





While teen moms are known to have a higher percentage of low birth-weight babies than the general population, it is encouraging to note that among 15- [illegible]-year-old mothers, the trend [illegible] other teenagers, [illegible] between 1990 and 1993 [illegible] time [illegible] for all.

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Infant Mortality

The risk of death is high in the first year of life The very young and the elderly are the most physically vulnerable segments of the population. The risk of death is as high in the first year of life as it is at age 65. The infant mortality rate is defined as the number of deaths to infants (under the age of one) per 1,000 live births. Infant mortality is the most widely-used indicator of quality of life in developing countries as it captures elements of the level of nutrition, sanitation, medical treatment, and economic development in one measure. Hawai'i does well in terms of infant mortality, ranking 8th among the states in 1991 for the lowest rate of infant deaths.

Many factors that lead to low birth-weight also contribute to infant mortality. During the 1980s, infant mortality rates declined, while the percentage of infants with low birth weights increased. Advances in neonatal medicine have resulted in more at-risk infants surviving the first few months of life. Still, about half of all infant deaths are attributed to perinatal conditions, with nearly a fifth having congenital anomalies which caused their death. Three percent of infant deaths are from injuries, with homicide being the leading cause of injury death to babies in Hawai'i, according to a recent study by the Injury Prevention and Control Program, DOH.

The decline in infant mortality in our state was steep and steady between 1980 and 1990, with a 35.6% drop. A dramatic reversal has recently occurred. Between 1990 and 1993 there was a 10% increase in infant deaths. Most of that can be attributed to increases in Hawai'i and Kaua'i counties or among Native Hawai'ian and Filipino infants. The mortality rate is higher for male infants than for female, while civilian and military-related infants have identical mortality rates.

CAUTION: In examining the data, keep in mind that the numbers of infants being born or dying outside O'ahu and among ethnic groups are small and, therefore, the rates are subject to great variation.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Recent Trend
State	10.1	6.5	-4.47	7.2	3.65	●
COUNTY:						
Honolulu	10.1	6.4	-4.59	6.7	1.74	●
Hawai'i	9.2	9.0	-0.29	10.9	6.35	●
Kaua'i	11.6	4.2	-10.07	11.4	33.16	●
Maui	10.6	5.3	-6.87	4.8	-3.58	●
ETHNICITY						
Caucasian	12.0	4.8	-9.24	5.0	1.92	●
Japanese	6.8	7.5	0.94	6.1	-6.77	●
Hawai'ian	9.6	8.3	-1.40	9.7	5.07	●
Filipino	11.9	3.6	-12.03	8.8	30.10	●
Chinese	8.7	3.9	-8.08	2.5	-14.07	●
African-American	11.6	11.4	-0.20	6.5	-18.50	●
Korean	9.4	8.2	-1.43	2.7	-36.62	●
Pacific Islander	16.6	5.1	-11.74	5.2	0.56	●
GENDER:						
Female infants	10.2	5.5	-6.10	6.4	4.82	●
Male infants	9.9	7.3	-3.00	8.0	2.80	●

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Fully Immunized Two-Year Olds

Both federal and Hawai'i goals aim for at least 90% of all children to complete the basic immunization series by two years of age by the year 2000

Childhood diseases (measles, mumps, rubella, diphtheria, pertussis, tetanus, and polio) can lead to permanent disability or death. Immunizations protect children by preventing these diseases. A record of proper immunizations is required for entry into child care centers and schools in Hawai'i, so most five-year-olds have received all recommended immunizations. However, children should have received immunizations long before that point (medical and public health experts recommend before age 2) to be properly protected.

This measure can also be regarded as a proxy for the proportion of very young children getting access to at least minimal well-child care. Both federal and Hawai'i goals aim for at least 90% of all children to complete the basic immunization series by two years of age by the year 2000.

Note: Data on the immunization status of children are not routinely available. Two studies have been conducted recently in Hawai'i by the Department of Health which provide this statewide picture.

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Children At-Risk for Developmental Problems

It is believed that approximately 25% of all children face one or more developmental risk factors

During the last decade federal and state laws have recognized that there is a need to assist not only families of young children with obvious handicaps, but also families of infants and toddlers who might be at risk of developmental delay if they do not receive early intervention services. Children, age birth to three, are eligible for these services when they are identified as being affected by the following:

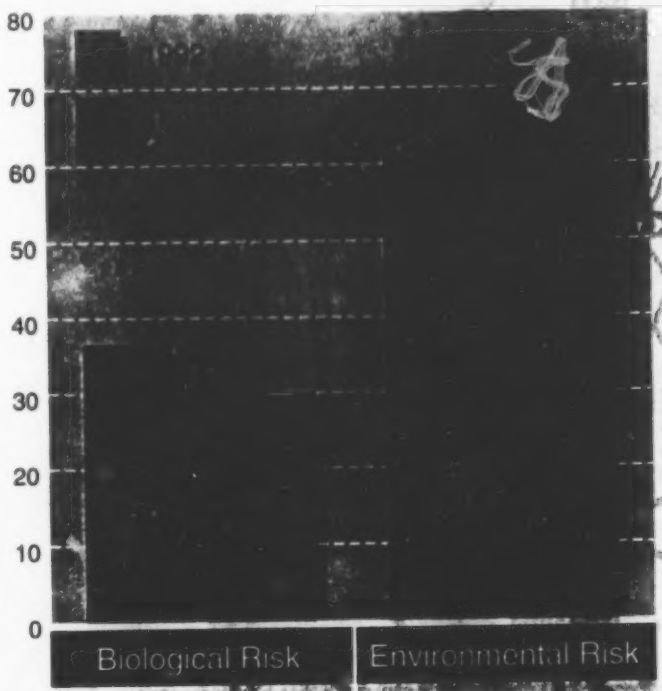
- a developmental delay (cognition, speech, language, health, motor, vision, hearing, etc.);
- biological risk (a mental or physical condition that has a high probability of resulting in a developmental delay); and/or
- environmental risk (living in socio-economic conditions that are known to have a negative affect on development).

Many of these conditions only become recognized as the child fails to attain later developmental milestones. Children with developmental disabilities or handicapping conditions usually attend public schools where 1 of every 20 children is enrolled in a special education program.

It is estimated nationally that 25% of all children face one or more of these risk factors. Hawai'i has identified and provided services for 6% of all children in this age group, leaveing an estimated 19% unserved. That is the reason that an increase in the proportion of all children who are identified and served can be considered an improvement.

Note: Data are only available on statewide basis at the present time. In future years data will be available for each county.

TREND IN RISK FACTORS SERVED



The proportion of children identified and served has recently shifted, with those at environmental risk increasing while the other categories of risk declined. Numbers served have increased in both categories.

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Preparing for School

Studies have concluded that the most constant variable in all kinds of academic and future adult success is preschool attendance!

Quality preschool, child care, and Head Start programs have been found to help children get ready for school and stay at grade level, to prevent costly special education and school dropouts, and to reduce the likelihood of teen pregnancy, criminal activity and welfare dependency. In fact, some studies have concluded that the most constant variable in all kinds of academic and future adult success is preschool attendance!

Hawai'i has a high percentage (58.1%) of children under school age who have both parents or their only parent in the labor force. Sixty-three percent of women in the Hawai'i labor force have at least one child under age 6. Therefore, the need for preschool opportunities is crucial.

To assess the availability of preschool experience for those most in need of them, we have examined the percent of eligible four-year-olds in the state's three subsidized programs: Head Start, Open Doors, and Kamehameha Schools' Center-Based Preschool. It is impossible to track these opportunities before 1990 as many Head Start records are not available and the other programs began around that time.

State	41.8	61	12.71	●

	1990	1993	% change	Trend
Honolulu	941	1309	39.1	●
Hawai'i	170	339	99.4	●
Kaua'i	113	130	15.0	●
Maui	211	321	52.1	●

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Child Abuse and Neglect (Birth through Age Five)

2300 cases of confirmed child abuse and neglect were filed in Hawai'i during 1992

For healthy development, children need a safe and nurturing family environment, yet home is a dangerous place for far too many of Hawai'i's children. Over 2300 cases of confirmed child abuse and neglect were filed in Hawai'i during 1992, the last year for which information is available. Forty percent of these cases involved children under the age of six.

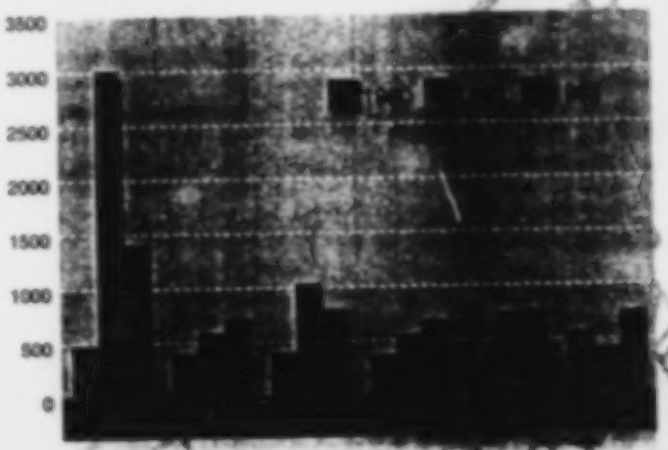
Child abuse or neglect can result in physical harm, profound developmental and behavioral problems and death. The age of the child makes a difference in the type of abuse most often suffered. Infants (birth to one year) and toddlers (1-2) are most likely to be victims of major injury, while preschoolers (3-5) are most likely to suffer neglect.

Studies show that the major factors leading to child abuse and neglect are lack of knowledge about child development and care, mental and emotional problems, drug and alcohol abuse by parents or caretakers, and a history of violence in the parent's family of origin.

All over the US reports and confirmed cases are up. No one is sure how much of the increase is due to report changes and how much is due to incidence. Both factors are believed to be operating. Reliable measures of the prevalence of child abuse are very difficult to obtain. The most commonly used measure is the number of reports for abuse and neglect. However, just as many cases of child abuse are never reported, some cases receive multiple reports. Many reports (about 45% in Hawai'i) are not supported by evidence obtained in an investigatory process. This report presents the number of children involved in confirmed cases, rather than reports.

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	430	886	7.23	957	3.85	●

TRENDS IN CHILD ABUSE BY AGE



The rate of abuse has been steadily increasing for children at these young ages, although 1990 was a worse year for infants and four-year-olds. Infants in their first year of life are twice as likely to be abused as children in any other single year of age.

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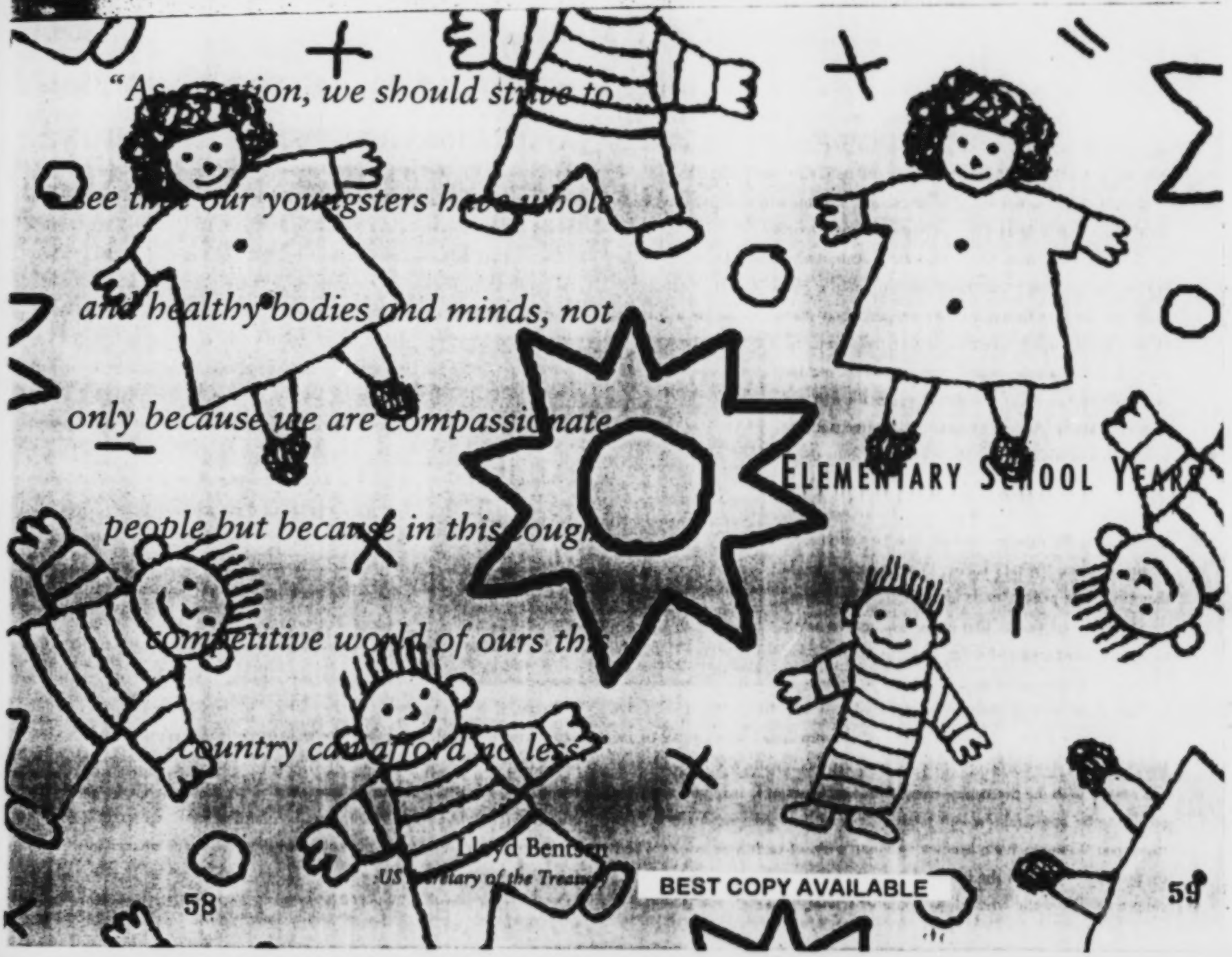

"As a nation, we should strive to see that our youngsters have whole and healthy bodies and minds, not only because we are compassionate people but because in this tough competitive world of ours this country can afford no less."

Lloyd Bentsen
US Secretary of the Treasury

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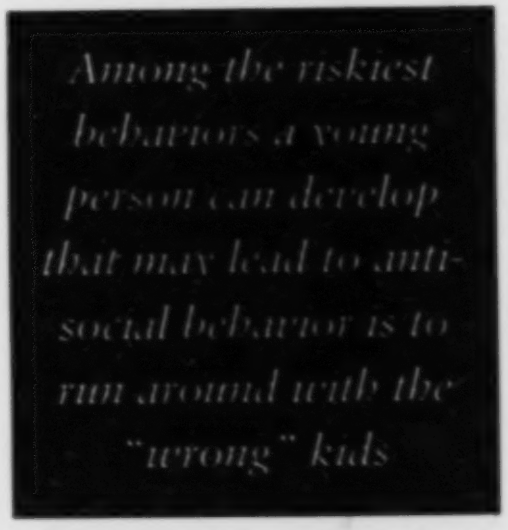
Elementary School Years

With the child's entry into school, the connection with the world outside the family begins in earnest. New ideas, new experiences, new companions and new role models have increasing impact on children. The skills and values that will be reflected later in adolescent behavior are being shaped and reinforced at this earlier age. It is an exciting and important period in a child's life about which little data is kept beyond school records.

Safety continues to be an important issue during the school years. The aspect of safety that comes most easily to mind is physical safety. Learning to cross the street, wearing a safety helmet when skating or riding a bicycle, becoming a proficient swimmer, and instruction in the use of '911' are all important lessons to be learned for the child's protection. Yet, national studies have shown that only about 2% of out nation's children actually wear a helmet when riding a bicycle. The leading cause of death for children 6 to 11 years is motor vehicle injuries, usually received when the child is an occupant, but occasionally as a pedestrian. The Department of Health's report, "What's Killing Our Children" found that most child pedestrian accidents occur after 7 p.m., while accidental deaths that occur to children while riding in a vehicle most often happen after 10 p.m.


Among the riskiest behaviors a young person can develop that may lead to anti-social behavior is to run around with the "wrong" kids

Young children are frequently taught to be wary of strangers and part of the concern for "latchkey kids" is a reflection of this aspect of their safety. These are the children who spend some or all of the hours at home alone when parents are working. Nationally, 8% of children fit this model; with the percentage rising with age. Cases of kidnapping and child molesting by non-family members publicized in the media reinforce fears of strangers. Warnings have become common even of unknown adults whom children may meet on the information superhighway. Some parents are also concerned about the friendships made at school. Research has shown that among the riskiest behaviors a young person can develop that may lead to anti-social behavior is to run around with the "wrong" kids. This knowledge is undoubtedly a motivation for parents who send their children to private schools where they feel more control over the friendships that will be made.

Another issue that is important in this life stage is character development. During the elementary school years children increase their ability to reason and to understand the difference between right and wrong. Parental guidance and involvement is extremely important to this process, but other influences claim an increasing part of the child's time and attention. When a child begins school, many more hours each day are spent away from home, and the hours at home are taken with homework, television or video games, and sleeping. Time spent on homework and television was reported to the Educational Testing Service in 1992. It found that 41% of Hawai'i fourth-graders watched more than 4 hours of television each day, slightly fewer than the US average of 44% watching that many hours. Mathematics homework alone took more than 45 minutes of each day for 38% of Hawai'i's fourth-graders. Only 24% of their national counterparts spent that much time on mathematics homework. After-school and weekend activities are also important to character development. Children may be involved in sports, music and/or dance lessons, or improving their academic progress through tutoring. These are fine activities which involve not only supervision and keeping active bodies busy, but are ways in which children connect to the larger society. This connection is crucial to the development of mature and responsible teens and adults.

Emotional development and mental health are also of concern at this age. If national prevalence rates apply to Hawai'i, as many as 11,600 children (12% of those age 6 through 11) are at risk for mental health problems severe

enough to require professional treatment. Nearly 3,000 of these children experience even more severe emotional problems. Generally, response to these problems has been forthcoming only when children disrupt classrooms, use illegal substances, or become involved in self-destructive or anti-social behavior.

A legal suit was filed in 1993 by 25 individual and organizational plaintiffs on behalf of children alleging that Hawai'i had not developed a system that adequately served the needs of its children and youth with mental and emotional disorders. The lawsuit sought to establish a wide range of mental health services whereby children could be helped in the least restrictive setting in their own communities. It was claimed that the services available were primarily on O'ahu, with mental health assistance almost non-existent on the other islands. Judge David Ezra found that the state has "systematically failed to provide required and necessary services to qualified handicapped children in our public schools" as required by federal and state laws. A consent decree ordered greater spending for and attention to children's mental health needs.

And then there is the primary business of childhood — education. Some children enter school with a rich experiential background that prompts them to explore and imagine. Others awaken in the classroom. For still other children, school is a difficult situation to be faced every day. Elementary schooling is the foundation of later learning, usually providing the basis for future educational attainment. Occupational choices, which strongly affect adult income, prestige and lifestyle, are often determined by education. Because the educational experience is so important to later life stages, parents and the community have great interest in educational progress.

A recent glimpse of Hawai'i's elementary school-age children shows that during an average year:

- over 7,000 elementary school children are absent on any school day;
- around 50 children die, with 36 of these deaths being the result of accidents;
- 62,000 are potential 'latchkey' kids, with both parents or their only parent in the labor force;
- 17,121 public school children score high on the SAT reading test;
- over 6,000 children have special educational needs that have been identified;
- 911 kids are the victims of confirmed abuse and neglect.

Child Deaths

ne important way to identify threats to the ealth of children and youth is to examine causes of death

The death of a child is a terrible tragedy for a family and for a community. Efforts at increasing accessibility to health care and promoting the use of seatbelts, car seats, and bicycle helmets are testimony to the value of our children's lives. Fortunately, Hawai'i has a low child death rate as compared to the national rate (20 vs. 30 per 100,000 kids ages 1 to 14).

One important way to identify threats to the health of children and youth is to examine causes of death. Causes of mortality vary according to age group and gender. A recent six-year study published by the Injury Prevention and Control Program of theHawai'i Department of Health found that half of all deaths in children 1-18 resulted from injuries. More children age 1 to 4 die from drowning than any other injury. Pedestrian injuries are the most frequent cause of injury death in 5 to 9 year olds, while most injury deaths of 10 to 14 year olds result when they are motor vehicle occupants. Males were two and a half times more likely to die from injuries than females (rates 25.3 and 9.9 per 100,000, respectively). The City & County of Honolulu has the lowest rate of child deaths, with a rate of injury deaths about half that of the neighbor islands. Most of the increased number of injury-related deaths outside O'ahu are caused by motor vehicle incidents, although the rate is higher outside O'ahu for all major causes.

(Note: Since the number of deaths to children and youth is relatively small, rates have not been calculated for ethnic groups and county rates should be considered with caution.)

CHILD DEATH RATE, AGES 1-14

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	33.1	24.3	-3.11	20.0	-6.50	●
COUNTY:						
Honolulu	n.a.	20.4	15.8		-8.43	●
Hawai'i	n.a.	36.0	30.8		-5.26	●
Kaua'i	n.a.	43.7	41.5		-1.74	●
Maui	n.a.	28.0	22.1		-7.82	●

ETHNICITY: (number of deaths)

	1980	1985	1990	1993	% of all child deaths	% of population
Caucasian	14	10	9	10	21.7	30.2
Japanese	15	5	5	6	13.0	15.8
Hawai'ian	20	18	20	14	30.4	18.4
Filipino	10	8	11	9	19.6	17.5
Chinese	3	4	1	1	2.2	3.8
Af.-Am.	1	2	1	1	2.2	2.9
Korean	1	4	4	0	0.0	2.0
Pacific Is.	3	5	2	5	10.9	3.5

1990 CHILD DEATHS

Half of all child deaths in 1990 were due to injuries to boys. Girls accounted for only 41.5% of all child deaths, whether from illness or injury.

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Children of Working Parents in After School Program

Supervision of school age children is a matter of their safety

Hawai'i has a potential for nearly 60,000 latchkey kids. That many 5 to 10 year olds have both parents or their only parent in the labor force. In addition to this number, there are children without a parent to supervise them after school hours because the parent is in college or training. This issue has received increasing attention over the past 25 years as the number of women in the work force has grown. Among the women inHawai'i who have a youngest child of school age (6 to 18), 81.6% are in the work force. Only five other states have such a high percentage, according to the 1994 Kids Count Data Book.

Supervision of school age children of working parents is a matter of their safety, although one would hope that their physical and educational development would also be enhanced. According to a study of child care arrangements by the Governor's Office of Children and Youth in 1989, 60% of the children in workforce households had no child care, 20% were watched by relatives (grandparents, aunties, siblings, etc.); and less than 15% were in an after school program. Many families inHawai'i follow cultural practices which stress responsibilities of siblings and support of the extended family which is a great help to working parents. However, relatives do have sudden emergencies, get sick, or decide to enter the labor force themselves. Enrollment in a program has a stability

Percent of Work Force Children in After School Program

	1980	1990	1992	% Change	Trend
State	n.a.	43.3	51.6	16.02	●

that is sometimes lacking in less formal child care arrangements. It is for this reason that enrollment in a program is the indicator selected byHawai'i Kids Count.

An important research note: While children who are left unsupervised after school are more likely than others to take risks and get bad grades, these problems can often be avoided by involved parents who set firm limits and always know where their children are. Telephone supervision can be very effective in this regard. It was also found that single parents, particularly single mothers, do as well as two parent families in digital monitoring.

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Measuring Academic Progress

Hawai'i Kids Count is committed to accountability. Its very purpose is to distill pertinent information about children and young people so that success can be known and build upon and areas for improvement can be identified and attended to. In other words, information should be useful, contributing to the betterment of children's lives and through them to the betterment of society as a whole. Knowledge is powerful.

A key question of educators is about the usefulness of standardized tests. Best known and most commonly cited is the Stanford Achievement Test (SAT). The SAT is statistically sound and seemingly easy to understand, like a score-card. Students who take this test are ranked, lowest to highest on a scale of one to ninety-nine. Twenty-three percent will fall into the lowest group, twenty-three percent into the highest group, the rest in-between. Each year results of these tests are published, school by school, and quick conclusions are drawn about the relative merits of the schools and of the State of Hawai'i in relation to the nation. This makes people comfortable; at least we seem to know where we stand.

There is much that such testing doesn't tell us, however: e.g., what students know and what they don't know; how much students have learned over a given period of time; the extent to which such tests may be culturally biased; how graduates of Hawai'i's educational system fare; what accounts for high achievement; and so forth. Yet pressure is applied to act on the information provided. Even the superintendent's job is dependent upon raising the scores, improving the relative ranking of Hawai'i's public-school students.

Build into such demands are fundamental assumptions: i.e., that what is being tested is what students are to learn; that such tests are valid indicators of the quality of the schools; that the "scorecard" itself is an appropriate indicator of quality and is subject to swings either up or down in direct relation to the instruction being provided.

Herein lies the difficulty of such an approach. Reading and writing and reasoning and computing do need to be taught, and the school system does need to be held accountable for doing this. Useful tests help us know how well this is being done along with providing information about what is known and what is not known in relation to benchmarks, to standards. With such knowledge, teachers and others in the educational establishment can determine what steps to take to get better results. Success is then seen as mastery of a level of learning, not simply as a ranking of individuals in relation to a predetermined curve.

Hawai'i as a state, and Hawai'i Kids Count as an effort to make things better, are caught in a dilemma in this matter. On the one hand, everyone wants to know the relative health of the educational system; on the other, there is concern that highlighting SAT scores may lead to negative effects, as conclusions are drawn which are unwarranted and misleading and educational practices are forced into narrower and narrower channels in an efforts to get higher scores.

The National Assessment of Educational Progress (NAEP) reports students as being at or above basic level, proficient level or advanced level in math and in reading. Presently in Hawai'i it is administered to a sample of students (rather than taken by every student) in grade 4 and grade 8. Since our improvement is not dependent upon others doing worse (or vice versa) and because respected educators feel it utilizes a better test design, the NAEP results will be used by Hawai'i Kids Count as the indicator of educational progress, along with attendance and other variables affecting student performance. The hope is that other, more useful indicators will be devel-ped and used so that a balanced view of Hawai'i's educational system may prevail, leading to educational practices and results that individuals of all persuasions can endorse.

Academic Progress of Fourth Graders

There is a tendency to recognize education as childhood's real job

Once a child starts to school, his or her academic progress is an important indicator of future life success. Of course there are "late bloomers", those who start off slowly but accelerate knowledge acquisition later. Nevertheless, there is a tendency to recognize education as childhood's real job, so some reliable measure of progress in this area is an important indicator of development. (For the considerations in selecting this indicator, see p. 32.)

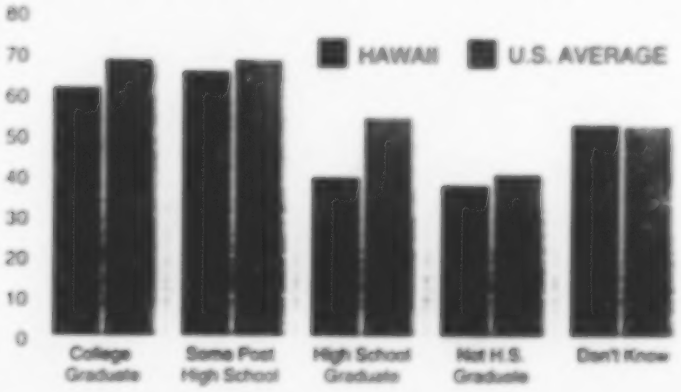
Math, rather than reading, scores will be examined as they are perhaps less affected by English language proficiency. With 14.9% of school-age children (5-18 years) reported to not speak English at home, this seemed a more fair and inclusive measure.

The National Assessment of Educational Progress (NAEP) is rather new to Hawai'i, with the first testing of fourth-graders taking place in 1992. It tests a sample of students, rather than all, and does not rely heavily on the multiple-choice question format that is so objectionable to many critics of the Stanford Achievement Test (SAT). Fourth-grade students scoring at the "basic level" or above will show evidence of understanding mathematical concepts and procedures in five content areas: numbers and operations; measurement; geometry; data analysis, statistics and probability; and informal algebra and functions. They should be able to estimate and use basic facts of perform simple computations with whole numbers, show some understanding of fractions and decimals, and solve simple real-world problems. They should be able to use four-function calculators, rulers and geometric shapes. Other levels of performance include "below basic", "proficient", and "advanced".

As there is no trend to observe, national comparisons will be utilized.

	1992	National Average
State	54	59
AREA:		
Advantaged Urban	70	82
Disadvantaged Urban	32	27
Extreme Rural	47	60
Other	54	61
RACE:		
White	61	71
Black	34	24
Hispanic	35	35
Asian	56	77
GENDER:		
Male	51	60
Female	56	58

PARENTS' EDUCATIONAL LEVEL STUDENT TEST SCORE CORRELATION



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Children with Special Needs

Nationally it is believed that about 12% of the school population will need special education services

There are three or four major groups of students that present special concerns to the educational system: those with developmental delays or intellectual limitations, those with emotional problems which interfere with learning, those from poor economic or nutritional circumstances, and those with limited ability to communicate in the English language used for instruction. These are often students who have experienced early health problems, poverty, and high levels of family stress. Most are in the public schools. They are at high risk of school failure if appropriate programs and supports are not made available to them.

The indicator used by Hawai'i Kids Count to represent this area is the percent of students in the special education program. These are the first group mentioned above, those whose intellectual development lags behind those of their age cohort. Nationally it is believed that about 12% of the school population will need special education services. Until the time that 12% of our students are receiving special services, an increase will be interpreted as an improvement in this indicator.

It should be helpful over time to compare trends of very young children receiving early intervention services to ameliorate developmental delays with those in the special education program. Hopefully, an increase in early intervention will lead to a reduction of the number of elementary school children needing special education. Until the time that the two can be matched and the appropriateness of school services can be determined, the present indicator will be used.

While the children involved in the subsidized lunch program are reported elsewhere, the other major category of special need is for those with potential language roadblocks to educational success.

1993 Percent Enrolled in "Limited English Proficiency" Program

State	5.2	range = 0.0 to 27.1
County:		
O'ahu	5.8	range = 0.4 to 27.1
Hawai'i	2.5	range = 0.0 to 8.8
Kaua'i	3.9	range = 0.7 to 12.6
Maui	5.6	range = 0.0 to 18.2

Percent of Public School Elementary Students in Special Education

	1980	1990	Annual Rate of Change	1993	Annual Rate of Change	Recent Trend
State	4.5	4.4	-0.19	5.6	6.72	●
County						
Honolulu				5.7		
Hawai'i				5.3		
Kaua'i				6.7		
Maui				4.8		

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Other Educational Measures in Elementary Years

There is a clear relationship between a school's attendance and high scores on the SAT math test

Parents and community leaders are obviously interested in the educational progress of children. In addition to the test scores reported here (4th grade math, National Assessment of Educational Progress), attendance, discipline, and the need for special services are important. The following measures describe the experience of those who attend public elementary schools (85% of the total elementary enrollment):

1993 Average Daily Attendance

State	93.7%
County:	
O'ahu	94.7%
Hawai'i	89.3%
Kaua'i	93.4%
Maui	92.7%

1993 Percent of Students with Class B Disciplinary Referrals (less serious infractions)

State	745 students referred = 0.7%
County:	
O'ahu	393 students referred = 0.5%
Hawai'i	299 students referred = 4.8%
Kaua'i	13 students referred = 0.2%
Maui	40 students referred = 0.4%

1993 Percent Completing Year in Same School

State	89.6 range = 73.5 to 99.8
County:	
O'ahu	89.6 range = 73.5 to 97.5
Hawai'i	88.1 range = 86.3 to 99.8
Kaua'i	91.9 range = 77.5 to 96.0
Maui	93.3 range = 87.4 to 97.7

1993 Percent Receiving Free/Reduced Price Lunch

State	38.0
County:	
O'ahu	36.6
Hawai'i	48.8
Kaua'i	35.7
Maui	34.8

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Child Abuse and Neglect (Ages 6 through 11)

Gender increases risk. In Hawai'i, girls were more likely to be abused than boys

Children suffering physical and sexual abuse have been found to be at higher risk for failure in school, for truancy, and for juvenile delinquency than are other children. Children who experience neglect or abuse learn that violence is an acceptable way of problem-solving and are far more likely to repeat the cycle and become perpetrators of violence themselves. Girls who are sexually victimized during childhood often allow themselves to be victimized as adults.

Cases of child abuse and neglect are found among all socioeconomic levels and in all ethnic groups. Incidents of abuse and neglect most frequently occur in the victim's own home, perpetrated by someone they know. Several factors have been identified as being related to child abuse and neglect: substance abuse, mental illness, domestic violence, unemployment and underemployment, and inadequate support systems for parents. Studies have shown that school age children (6-12) are most likely to suffer neglect; school age children, followed by adolescents, are most likely to be victims of incest.

Gender increases risk. In Hawai'i, girls were more likely to be abused than boys (55.7 vs. 44.3% of abuse cases) in 1992. National studies have shown that girls were 2 to 5 times more likely than boys to suffer from incest (84.3 vs. 15.5%) or third-party sexual abuse (76.6 vs. 23.4%). Sexual abuse and exploitation accounts for nearly 13% of the confirmed child abuse and neglect in Hawai'i.

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	365	559	4.67	777	16.41	●

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	350	716	7.16	749	2.32	●
GENDER:						
Female	387	754	6.67	863	6.79	●
Male	312	615	6.79	646	2.47	●
COUNTY:						
Honolulu	358	725	6.93	646	-5.19	●
Hawai'i	277	449	4.82	1029	41.50	●
Kaua'i	530	1477	10.25	850	-27.63	●
Maui	259	644	9.12	1128	28.03	●
ETHNICITY:						
Caucasian	314	343	.90	364	2.97	●
Japanese	54	125	8.43	103	-9.61	●
Hawai'ian	489	1034	7.47	1338	12.92	●
Filipino	152	294	6.60	248	-8.43	●
Chinese	137	45	-11.16	52	8.03	●
African-American	438	1017	8.43	727	-16.82	●
Korean	176	852	-15.75	170	-80.38	●
Pacific Islander	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

* *Base population estimate for 1992*

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"Youth is the cause of hope...The young live in the future and not in the past, they are not lost in memories but full of confidence."

St. Thomas Aquinas

ADOLESCENCE AND YOUTH

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Adolescence and Youth

Teenage is temporary — to which many adults would add,"Thank goodness!" Adolescence often is seen as merely an unfortunate "phase," something like a cold or flu from which, in time, the patient will recover. Most adolescents emerge from these turbulent years in good condition — physically, mentally, and emotionally — but others are poorly prepared to assume adult roles and responsibilities.

Early adolescence can be wondrous years, marked by significant physical, cognitive, and psychological growth that expands and transforms social relationships with peers, parents, other adults, and the community. Early adolescence can also be frightening years, a time of self-doubt, loneliness, fear of failure, and ambivalent relationships with peers and adults.

In the 1990s, the condition of American adolescents has reached alarming proportions. By age fifteen, about a quarter of all young adolescents in the US are engaged in behaviors that are harmful or dangerous to themselves and others, according to a report by the Carnegie Council on Adolescent Development. Of 28 million adolescents between the ages of 10 and 18, approximately 7 million are at serious risk of being harmed by health- and even life-threatening activities, including school failure. Another 7 million are at moderate risk. Only half of the adolescents in this age group, or about 14 million, appear to be growing up basically healthy. Even these young people are not immune to risk, since most of them, at the very least, lack adequate decision-making and problem-solving skills.

All adolescents are at a crossroads; they move from a period of high risk into one of high hope

Adolescents are becoming sexually active at younger ages. Nationally, by age sixteen, 17% of girls and 29% of boys have had sexual intercourse. In Hawai'i, the pattern is quite different, according to the 1993 Youth Risk Behavior Survey conducted by the Department of Education. It found that 33% of girls and 26% of boys this age report having had sexual intercourse.

From 1973 to 1987, the pregnancy rate for young adolescents increased 23%, while Hawai'i's pregnancy rate increased nearly 10% from 1980 to 1993. In 1989, 67% of all American teen births occurred outside marriage, compared with 30% in 1970. Hawai'i experienced a similar shift in the proportion of parenting young women who remain single. Sexually transmitted diseases (STDs) are at epidemic proportions. Between 1960-1988 in the US, gonorrhea increased 4 times among 10- to 14-year-olds, and 3 times among 15- to 19-year-olds. Of Hawai'i's youth in 1993, 2.7% report that they have been diagnosed with a STD.

Estimates indicate that in the 1950s, less than half of all adolescents used alcohol before entering high school. In a 1989 survey of high school seniors, those who reported that they had initiated use of problematic substances by the ninth grade had used alcohol (65%), marijuana (55%), and cigarettes (79%). It must be noted that these reports do not include dropouts and incarcerated youth. Of Hawai'i's public high school youth age 15 and under, 71% of girls and 60% of boys had tried alcohol, 66% of girls and 55% of boys tried smoking cigarettes and 27% of both genders had tried marijuana.

The major cause of disability among adolescents between 10-18 is mental disorders, according to the National Center for Education in Maternal and Child Health in 1990. Research has shown that depression affects between 7 to 33 percent of adolescents, depending on its definition, assessment, and severity. Suicide rates almost tripled in the US among 10 to 14 year olds between 1968 and 1985, and doubled among 15 to 19 year-olds. The 1993 survey of public high school students in Hawai'i found that 18% of girls and 8% of boys had actually attempted suicide in the previous year.

The changes brought about by adolescence create potential risks for all young people. For those who grow up in poverty, the dangers are intensified.

The uncertainty characteristic of their age is further threatened by a shaky belief in a future that holds meaningful opportunities.

Nationally, about 27% live in poor or near poor families. Certain racial and ethnic minority adolescents are far more likely than white adolescents to be living in these families: half of black, Hispanic, American Indian and Alaska Native, and one-third of Asian-American adolescents were in these categories in 1989. In Hawai'i, about 20% of all adolescents are in poor or near poor households, with Pacific Islanders and Native Hawai'ians most likely, Japanese and other Asians least likely to be poor.

In the nation, 1 in 4 white adolescents grows up in a one-parent family, an experience shared by 63% of African-American and 30% of Hispanic adolescents. In Hawai'i, Japanese, Chinese, and African-American adolescents are least likely to be raised by a single parent. Hawai'ian youths are twice as likely as these groups to be in a one-parent family, with the number of Hawai'ian and Caucasian adolescents in single-parent households being nearly equal.

These social and economic transformations challenge the ability of all contemporary adolescents to prepare for adult life. Adolescents engage in risky behavior at earlier ages than in the past. At the same time they claim, and are afforded, greater independence from their families. They also are moved from small, neighborhood elementary to larger, more anonymous middle grade and high schools. A competitive global economy requires that they be well-educated and prepared for the world of work. Yet many become disengaged from school.

All adolescents are at a crossroads: they face the opportunity to move from a period of high risk into one of high hope. Many adolescents will choose paths toward productive and satisfying lives for themselves, their families and communities. But others will flounder, and some will be lost altogether. If adolescents are to choose wisely, they need adult understanding and help. Parents, teachers, counselors and those in positions of authority in the community dare not assume that little can or should be done to assist them to successfully navigate this period of development.

A recent glimpse of Hawai'i's adolescents and youths shows that during an average year:

- 27 older teens (15-19) die from accidents, homicides and suicides;
- 532 public school seniors drop out without completing or getting a diploma;
- 3,386 teenage girls become pregnant, with 1986 of them becoming mothers;
- 334 juveniles will be arrested for the commission of a violent crime;
- 524 youths are victims of confirmed abuse and/or neglect;
- 35,822 teenagers have resisted the temptation to become sexually active, while 29,309 have not;
- 18,367 teenagers smoke cigarettes.

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Academic Progress of Eighth Graders

Average proficiency was highest for Hawai'i's eighth-grade students who did not miss any days of school

Having examined the performance of fourth-grade students on the National Assessment of Educational Progress (NAEP), it seeed appropriate to check it again half-way to graduation. Factors considered in selecting this indicator are amplified on page 32. Math, rather than reading, scores will be examined as they are perhaps less affected by English language proficiency. With 14.9% of school-age children (5-18 years) reported to not speak English at home, this seemed a more fair and inclusive measure.

Eighth-grade students performing at the "basic level" should exhibit evidence of conceptual and procedural understanding by completing problems correctly with the help of structural prompts such as diagrams, charts and graphs. They should solve problems through the appropriate selection and use of strategies and technological tools, including calculators, computers and geometric shapes. They should be able to use functional algebraic and informal geometric concepts in problem solving. Other levels of performance include "below basic", "proficient", and "advanced".

Average proficiency was highest for Hawai'i's eighth-grade students who did not miss any days of school (45% of students) in the month preceding the test and lowest for those who missed three days or more (25%). Those spending at least 45 minutes each day on mathematics homework had higher scores than those who spent 30 minutes or less, with fewer Hawai'i eighth-graders making this commitment than their national counterparts.

A greater percentage of students in Hawai'i were taking eighth-grade mathematics (55%) than were taking a course in pre-algebra or algebra (38%). Across the nation, however, about the same percentage of students were taking mathematics (50%) as were taking pre-algebra or algebra (47%). Students in Hawai'i who were enrolled in the mathematics courses exhibited lower average proficiency than did those who were in pre-algebra or algebra.

	1990	1992	National Average '92	Annual Rate of Change	Trend
State	45	51	(61)	6.25	●
AREA:					
Advantaged Urban	65	47	(79)	-16.21	●
Disadvantaged Urban	32	33	(28)	1.54	●
Extreme Rural	**	**	(65)		
Other	47	55	(63)	7.86	●
RACE:					
White	58	62	(73)	3.33	●
Black	**	**	(26)		
Hispanic	23	34	(37)	19.54	●
Asian	46	53	(78)	7.08	●
GENDER:					
Male	42	48	(61)	6.68	●
Female	49	55	(61)	55.16	●

** = too few for analysis

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Other Educational Measures in Secondary School Years

Many measures are important in assessing progress of high school students

There are many measures that may be as important as the graduation rate in assessing the progress of our high school students. Certainly attendance, disciplinary referrals, and the percent of seniors who earn a full diploma should be considered, among other factors. The following measures describe the experience of those who attend public high schools (81% of the total high-school enrollment):

Average Daily Attendance

	1990	1993	Percent Change	Recent Trend
State	90.8	91.1	0.3%	better
County:				
O'ahu	91.1	93.3	2.41%	better
Hawai'i	88.4	89.4	1.1%	better
Kaua'i	91.0	91.1	0.1%	better
Maui	88.4	93.1	5.3%	better

Percent of Seniors Earning a Diploma (course requirements met, plus passing Hawai'i State Test of Essential Competencies)

	1990	1993	Percent Change	Recent Trend
State	92.1	90.6	-1.6	worse
County:				
O'ahu	91.5	90.4	-1.2	worse
Hawai'i	93.2	91.9	-1.4	worse
Kaua'i	93.8	87.6	-6.6	worse
Maui	93.4	91.8	-1.7	worse

Percent of Students Suspended for Class A Disciplinary Offenses (e.g., burglary, robbery, sale of dangerous drugs)

	1990	1993	Percent Change	Recent Trend
State	2.5	1.9	24.0	better
County:				
O'ahu	2.1	1.9	9.5	better
Hawai'i	2.2	1.9	13.6	better
Kaua'i	4.6	1.1	76.1	better
Maui	3.6	2.2	38.9	better

Percent Receiving Free/Reduced Price Lunch

	1990	1993	Percent Change	Recent Trend
State	16.7	19.9	19.2	worse
County:				
O'ahu	11.5	17.0	47.8	worse
Hawai'i	36.2	34.6	-4.4	better
Kaua'i	12.5	11.3	-9.6	better
Maui	17.4	16.7	-11.5	better

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High School Graduation

No single event marks the recognized entry into adulthood in our society more than high school graduation. High school diplomas are the minimum requirement for many jobs; advanced education and training often is impossible without one.

But not everyone agrees on how to compute a high school graduation rate. In its national Data Book, Kids Count uses the percent of public school students graduating four years after they were ninth graders. This is problematic in Hawai'i because nearly 20% of high school students are enrolled in private schools and because both in- and out-migration is great enough to cast doubt on the four-year comparison. The graduating class of 1990 may bear little resemblence to the freshmen of 1986 in terms of socioeconomic status, mobility, or other factors known to influence whether or not a student drops out of school.

Some would report the percentage of high school seniors who earned a diploma at the end of the year. Students must accumulate 20 high school credits, pass all required courses, and pass the Hawai'i State Test of Essential Competencies (HSTEC) to graduate. For Hawai'i, this rate has ranged from 90.3% to 94.4% during the period 1987 - 1992. An additional 1% to 4% each year earned a certificate of completion without passing the HSTEC. This computation does not say anything about those who drop out before their senior year.

A 'status dropout rate' (the percentage of those under age 20 who are not in school AND do not have high school diplomas) can be computed from the 1990 census data that puts Hawai'i in a very good light. Only 7.0% of the 16- to 19-year-olds who have not yet graduated from high school were not enrolled in school. Only 14 states had rates under 9%, with the national average being 12.1%. The breakdown for the counties in this state was as follows:

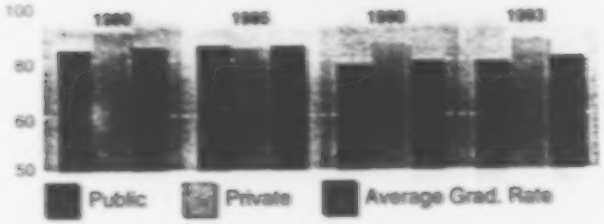
Hawai'i County	6.3%
C&C Honolulu	7.0%
Kaua'i County	5.7%
Maui County	9.2%

Public and private students are included in the following table:

PERCENT OF ON-TIME HIGH SCHOOL GRADUATES

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Recent Trend
State	84.7	79.6	-0.62	80.8	0.48	●
COUNTY:						
Honolulu	82.8	77.5	n.a.	78.8	0.52	●
Hawai'i	93.4	85.7	n.a.	86.7	0.39	●
Kaua'i	95.2	96.3	n.a.	88.7	-2.75	●
Maui	92.0	81.4	n.a.	81.4	0.00	same

HIGH SCHOOL GRADUATION RATE - PUBLIC VS. PRIVATE



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Idle Teens

Idle teens are not connected to any productive activity

Youth who are not connected to any productive activity, such as schooling or working, are not making a successful transition to responsible adult roles. These youth have clearly not established a sound base for economic self-sufficiency and may be at risk of becoming dependent on welfare or engaged in illegal activities.

Generally, it is expected that teens will be in school until at least age 18 unless they enter the working world of civilian employment or military service. Youthful employment is clearly related to the general economic cycles of a community, with teen unemployment usually at a higher rate than adult unemployment. However, in a service economy such as ours, opportunities for relatively untrained young people are numerous.

A slightly different measure is the percentage of 16- to 19-year-olds who are not high school graduates, but not enrolled in school. In 1990 that was 7.0% for Hawai'i, 12.1% for the US. Ethnic differences can be noted for Hawai'i's youth:

Caucasian	6.9
Hawai'ian	9.9
Japanese	3.1
Filipino	10.0
Chinese	5.0
African-American	6.4
Korean	4.1
Pacific Islander	11.2

Percent 16- to 19-Year-Olds Not In School, Not In Labor Force

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	4.6	5.0	0.83	5.2	1.96	●
County:						
Honolulu		4.8				
Hawai'i		6.3				
Kaua'i		5.7				
Maui		6.4				

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Juvenile Arrests for Violent Crimes

While any unlawful act by a teenager is of concern, this measure is a reflection on the most serious crimes: homicide; forcible rape; robbery; and aggravated assault. Nationally the juvenile violent crime arrest rate was 457 per 100,000 teens from ages 10-17 in 1991, the last year for which data are available. While Hawai'i's rate of 248 for the same year was much better, 14 states had even lower rates.

This statistic is not a count of youthful offenders, but of arrests. Changes in arrest rates may reflect police or public policy shifts, rather than behavioral changes. A recent report by the national Kids Count found that juvenile violent crime arrests were highly correlated with other indices of child welfare.

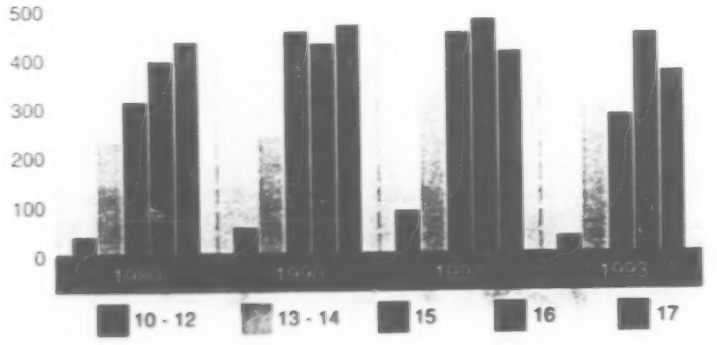
Youths on O'ahu were nearly twice as likely to be involved in a violent crime arrest in 1993 as those elsewhere in the state. Kaua'i has experienced a declining rate, reaching an extremely low level in 1993. Hawai'ian and Pacific Island youths, and Filipino youths to a lesser extent, are greatly over-represented among the arrests. A 1992 report by the Department of the Attorney General revealed differences in the types of violent crimes for which youths are arrested. Half of the arrests of Caucasian youths and two-thirds of the arrests of Filipino youths were for assault, while robbery constituted 83% of all Samoan juvenile violent crimes. Hawai'ians were arrested for 2/3 of all rapes by juveniles; half of their arrests were for robbery.

As for gender differences, males constituted at least 87.5% of those arrested for 3 of the 4 specified crimes. Nearly 2/3 of the female arrests were for aggravated assault, while half of the male arrests were for robbery.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Trend
State	218	242	1.1	223	-2.8	
COUNTY:						
Honolulu	232	249	0.70	246	-0.36	
Hawai'i	167	205	2.07	146	-11.37	
Kaua'i	188	243	2.55	19	-84.57	
Maui	160	229	3.59	196	-5.19	

	1980	1985	1990	1993	% of youth population
Caucasian	8.5	15.1	14.1	10.7	30.2
Japanese	3.3	2.9	3.5	1.5	15.8
Hawai'ian	46.7	31.5	32.2	30.1	18.4
Filipino	7.7	17.2	23.3	21.0	17.5
Chinese	0.4	0.0	1.1	0.7	3.8
African-American	0.4	2.9	1.1	6.6	2.9
Korean	0.4	0.4	1.1	1.1	2.0
Pacific Islander	12.9	20.6	13.8	14.7	3.5

YOUTH VIOLENT CRIME ARRESTS BY AGE



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Substance Use

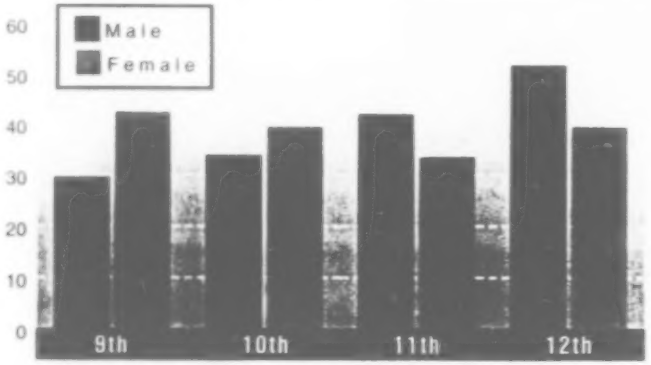
Most adolescents experiment with alcohol and may experiment with some type of prescription or illegal drug. For Hawai'i's youth, as elsewhere in the nation, alcohol is by far the drug of choice for students in all grades. Research has shown alcohol is a major contributing factor in approximately half of all homicides, suicides and motor vehicle crashes. These, in turn, are the leading causes of death and disability among teens. Physical fights, property destruction, school and work problems, and involvement with the juvenile justice system have all been linked to heavy alcohol use.

By eighth grade, more than half (57%) of the students report they have already used alcohol at least once, according to a 1993 study by the Hawai'i State Department of Education and the Northwest Regional Educational Laboratory. Other findings include the report that beyond sixth grade, more girls than boys have used alcohol, but by twelfth grade more boys than girls report binge drinking. Hawai'ian/part Hawai'ian students report the highest rate of heavy alcohol use among all ethnic groups. In a survey of Hawai'i high school students, 38.4% reported alcohol use within the month prior to being asked the question. Compared to a national sample, fewer seniors in Hawai'i reported ever having used alcohol (87% vs. 79%) and fewer had used alcohol in the 30 days before the survey (51% vs. 44%). Hawai'i seniors were also less likely to have tried smoking tobacco or having done so recently, but Hawai'i seniors were more likely to have experienced recent marijuana use (US=16%; HI=23%).

Percent and Per 100 Girls Using Alcohol, At Least Six Times By Year					
	1987	1991	1993	Annual Rate of Change 1987-1993	Recent Trend
State	27	28	29	7.41	●

ALCOHOL USE AMONG HIGH SCHOOL STUDENTS - 1993

Percent having at least one drink on one or more of the past 30 days



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Teenage Pregnancy

A teenage girl who becomes pregnant often enters a cycle of school failure, poverty and delinquency

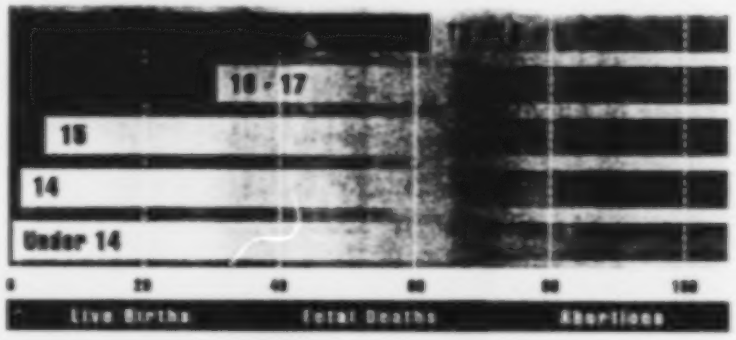
The costs of teen pregnancy are great for the young woman, her child if the pregnancy is brought to term, and the community. Nationally, more than 3/4 of single teen mothers receive welfare within the first five years after giving birth. Children of teens are more likely to have developmental problems, to fail in school, and to become delinquent. Research has shown that a teenage girl who becomes pregnant often enters a cycle of school failure, poverty and delinquency that restricts her opportunities in life.

The 1992 Hawai'i Reproductive Health Survey by the Department of Health found that 39.5% of the young women (age 15-17) have had sexual intercourse. The 1993 Hawai'i Youth Risk Behavior Survey by the Department of Education reported that 46.7% of the female students in grades 9 through 12 have had sexual intercourse. The percentage of females who reported having intercourse was as follows by grade: 9th grade — 34.0%; 10th grade — 35.6%; 11th grade —54.1%; and 12th grade — 69.0%. Of these, 6.4% reported that they had been pregnant, as compared to the 6.6% of 15-17 year old women in the Reproductive Health Survey. In the latter study 93.4% reported they had never been pregnant, while 97.9% had never had a live birth.

In 1993, the 3,386 teen pregnancies in Hawai'i resulted in 1,986 births (58.7%). The percent in each county was similar, with the City & County of Honolulu having the lowest rate (56.6%) and Hawai'i County the highest rate (66.1%) of carrying a pregnancy to term.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Recent Trend
State	87.5	92.6	1.90	92.1	-0.06	●
COUNTY:						
Honolulu	79.5	75.1	-1.88	72.0	-0.43	●
Hawai'i	131.8	104.9	5.84	157.0	1.39	●
Kaua'i	91.9	104.9	4.40	119.6	1.31	●
Maui	84.6	113.3	9.73	122.7	0.79	●
AGE-SPECIFIC PR...						
15	22.1	29.9	10.05	25.9	-1.43	●
16	42.0	47.7	4.28	60.9	2.44	●
17	76.9	87.4	4.28	85.4	-0.23	●
18	128.1	129.2	0.30	124.2	-0.39	●
19	158.1	161.9	0.80	154.4	-0.48	●

TEENAGE PREGNANCY OUTCOMES - 1993



At younger ages, teen birth outcomes are more unusual than births. Over time, only the oldest teen women have consistently had significantly more live births than teen birth outcomes.

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Abuse and Neglect (Age 12 through 17)

Research suggests that victims of child abuse are at higher risk of abusing their own children

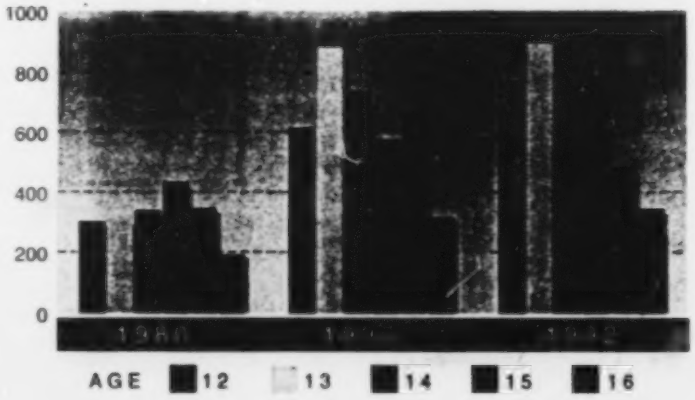
Victims of child abuse and neglect can suffer long-term social and psychological consequences. Research indicates that victims of child abuse are at higher risk of abusing their own children when they become parents. In addition, disproportionate numbers of runaway and homeless youth, youth in residential placements in the juvenile justice system, and adults incarcerated in the criminal justice system have histories of being abused as children.

It is difficult to draw conclusions from existing child abuse and neglect data. A high rate of confirmed abuse in a particular county may indicate greater awareness of the problem or more thorough investigations, rather than a greater incidence of abuse or neglect. Likewise, low rates may be a result of cutbacks in child protective services or less public interest in the issue, instead of the lack of a problem.

Information about the prevalence of child abuse is difficult to collect and interpret. Many advocates believe that most cases go unreported, and reporting systems vary over time and across jurisdictions. A multi-state survey found that new cases of child abuse most frequently involve neglect, followed by physical and sexual abuse. In most cases, perpetrators are parents. Next to birth parents, siblings and other relatives were the most likely perpetrators.

	1980	1990	Annual Rate of Change 1980-1990	1992	Annual Rate of Change 1990-1992	Recent Trend
State	317	631	6.89	706	5.53	●

Trends in Abuse by Age



In 1980, 15- and 16-year olds were subject to the highest rates of child abuse among adolescents. In 1990 and 1992, the highest rates were experienced by 13- and 14-year olds. Note that by age 17 the rates have consistently been relatively low, which is probably related to teenage runaways or other early emancipation.

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Teen Violent Deaths (Ages 15 through 19)

Males are three times more likely to die than females

The violent death of a child is the ultimate sign that society has failed its children. Youths who commit suicide have turned their anger, frustration, or depression on themselves. Murdered children have been victimized by people using violence to resolve conflict. Often murdered children are innocents caught in the crossfire of conflict between family members or neighbors.

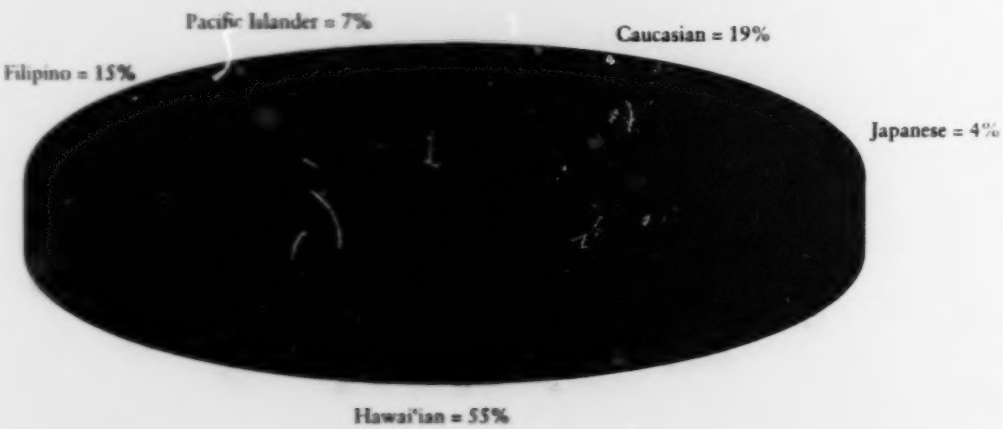
This indicator examines all homicides, suicides and accidents as potentially preventable causes of death. Motor vehicle injuries are the leading cause of death for Hawai'i's teenagers. In 1993 there were 41 deaths. The 1 homicide, 8 suicides, and 18 accidents (78% of which involved motor vehicles) comprised two-thirds of the total deaths in this age group.

Hawai'i County teens are three times more likely to die than those elsewhere in the state, while Kaua'i's teens experienced no deaths in 1993 from these causes. The numbers are too small to obtain reliable rates for ethnic groups, although deaths among Hawai'ian and Pacific Island youths are persistently higher than among other groups. Males are three times more likely to die in their teens than females.

	1980	1990	Annual Rate of Change 1980-1990	1993	Annual Rate of Change 1990-1993	Recent Trend
State	53.2	51.0	-0.42	50.1	-0.59	●
COUNTY:						
Honolulu		43.6		29.1	-13.55	●
Hawai'i		77.0		96.6	7.53	●
Kaua'i		30.3		0.0		●
Maui		109.1		29.3	-43.82	●
GENDER:						
Female		23.3				
Male		72.5				

1993 TEEN DEATHS - HOMICIDES, SUICIDES, ACCIDENTS

The grief of teen deaths fell very disproportionately on Hawaiian families in 1993.



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What We Want to Know, But Don't...

There are many conditions relating to children and youth that we feel we should know something about, but for which data are not collected routinely or widely. The following are indicators that Hawai'i Kids Count believe are important and for which we would like data collected. Perhaps in a later annual volume it will be possible to add some of these measures as data collection is initiated and/or expanded.

Child Support: The only known source of information about child support orders and collection is the Child Support Enforcement Unit. The records from this source is known to seriously under-represent the receipt of child support among women who are not receiving AFDC. However, it is an income source available to some children which can help to offset the most serious consequence of being raised in a single-parent home, that of reduced financial resources.

Homeless or "Doubled-Up" Children: There are survey estimates of homeless persons. However, even less is known about children, especially those on the streets or living doubled-up with friends or relatives.

Hunger: While data is available regarding Food Stamp recipients and free or reduced price lunches that are available in the public schools, this is only a measure of those in need who have been able to access assistance. Little is known about the amount and types of nutrition actually available to children.

Drug Exposed Infants/Fetal Alcohol Syndrome: The data at this stage is incomplete and perhaps inconsistently reported. This is one area where attention is growing and there is hope for inclusion of data in a subsequent year.

Parental Drug Abuse: Little is known about the incidence of drug abuse and even less about the parental status of substance abusers. This is an important measure, as it is known to be related to child abuse and could also affect the lifestyle options known to adolescents.

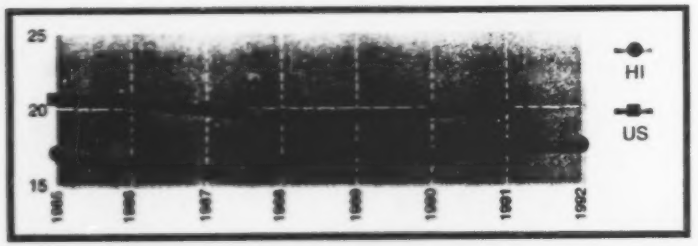
Domestic Violence: While child abuse is one form of domestic violence and confirmed reports of child abuse and neglect is an indicator used in this report, spousal abuse is only known when a case is reported to the police. Even then, the presence of children in the home is not always recorded and the data is not accessible in this manner.

Children's Mental Health: There is information available on the number of special needs children in the public schools with emotional difficulties. However, this number would capture only a subset of the population needing mental health services. Data is also not available on the positive aspects of children's mental health.

Participation in Organized Leisure Activities: This indicator would be especially helpful in understanding the connections of elementary and intermediate school children to society, their development of skills, character and interests. However, there is no comprehensive data source and no way of summatively collecting comparable data without duplication.

Teen Fatherhood: While much is known and reported about teen pregnancy, it is always from the point of view of the young woman or of the child she may bear. Responsible teen fatherhood brings many pressures and constraints on the future life course, as well. Birth records and school programs reveal very little about the dimensions of this issue.

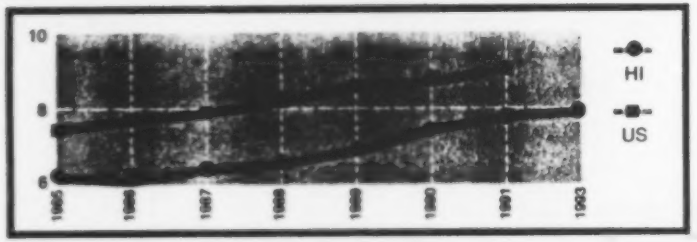
Trends in Basic Indicators: Hawaii and US



Percent children in poverty

	1985	1986	1987	1988	1989	1990	1991	1992
HI	16.8	16.3	15.7	16.3	17.2	16.7	17.4	17.4
US	20.8	20.5	20.0	19.6	19.5	19.8	20.0	

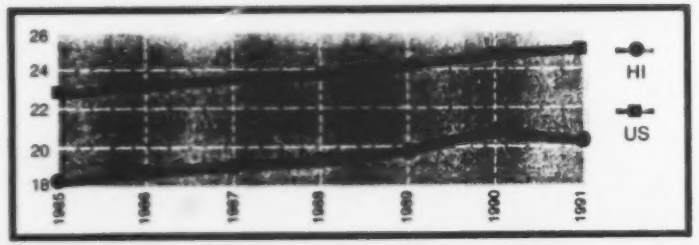
Note: this uses Hawai'i poverty level as 115% of national level for Hawai'i data, national level for US data (due to cost of living differences).



Percent of all births that are to single teens

	1985	1986	1987	1988	1989	1990	1991	1993
HI	6.2	6.1	6.4	6.5	7.1	7.6	7.8	7.9
US	7.5	7.7	7.9	8.2	8.6	8.7	9.0	

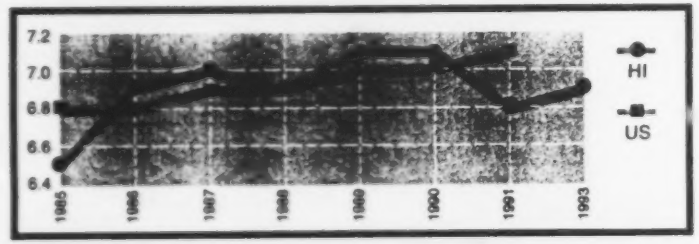
Hawai'i increase of 27.4% while US increase of 20% means Hawai'i is lower now, but catching up to US.



Percent children in single-parent families

	1985	1986	1987	1988	1989	1990	1991	1992
HI	18.1	18.8	19.1	19.4	19.9	20.8	20.2	
US	22.7	23.1	23.5	23.8	24.1	24.7	25.1	

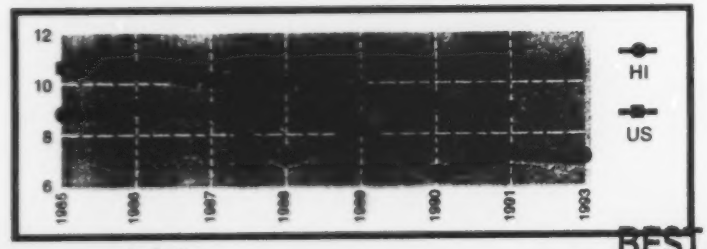
Hawai'i increase of 12.2% while US increase of 10.6% means Hawai'i is lower now, but increasing at faster rate.



Percent low birth-weight babies

	1985	1986	1987	1988	1989	1990	1991	1993
HI	6.5	6.9	7.0	6.9	7.1	7.1	6.8	6.9
US	6.8	6.8	6.9	6.9	7.0	7.0	7.1	

May be influenced by high percentage of smaller ethnically-Asian moms. This increase not leading to higher infant mortality.



Infant mortality rate (per 1,000 live births)

	1985	1986	1987	1988	1989	1990	1991	1993
HI	8.8	9.3	8.9	7.2	8.3	6.5	7.4	7.2
US	10.6	10.4	10.1	10.0	9.8	9.2	8.9	

A true bright spot, but need to examine ethnic and county differences. Note: small numbers will yield fluctuations.

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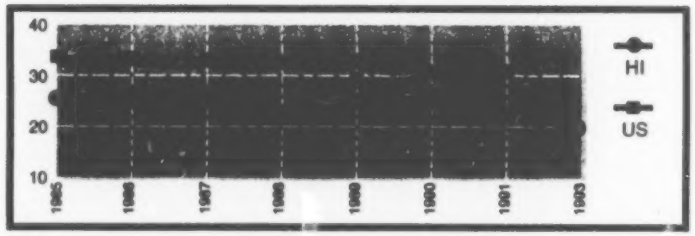

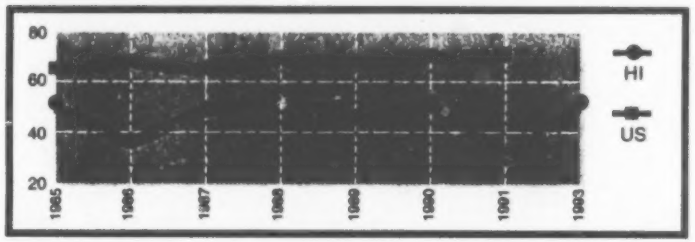

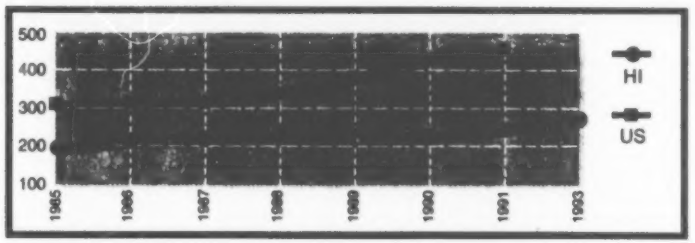

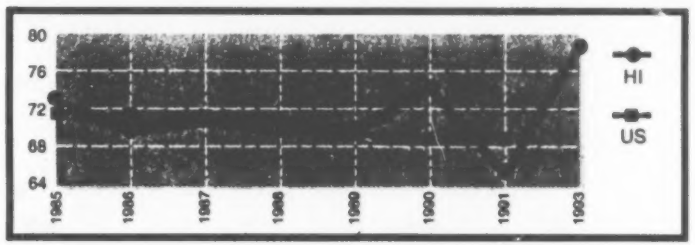

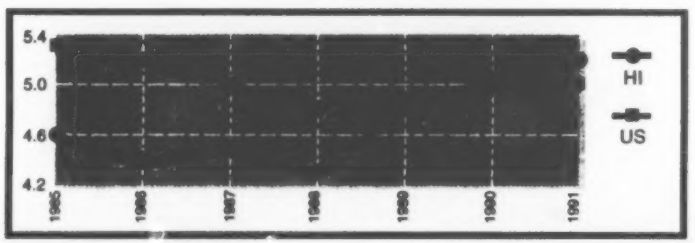

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Child death rate (ages 1-14, per 100,000 children)

	1985	1986	1987	1988	1989	1990	1991	1993
HI	26.0	27.9	27.5	22.3	29.5	26.1	22.6	19.9
US	33.8	33.7	33.3	33.2	32.4	30.5	30.7	

Another bright spot, but need to examine ethnic and county differences. Note: small numbers will cause fluctuations.

Teen violent death rate (ages 15-19, per 100,000 teens)

	1985	1986	1987	1988	1989	1990	1991	1993
HI	45.6	38.0	49.4	56.4	45.5	51.0	31.5	50.2
US	62.8	68.5	66.5	69.7	69.3	70.9	71.1	

Note: small numbers cause great fluctuations. Although 1991 rate was lowest in nation, 1993 up from that point.

Juvenile violent crime arrest rate (per 100,000 youths)

	1985	1986	1987	1988	1989	1990	1991	1993
HI	189	208	214	223	220	223	248	276
US	305	310	319	347	385	429	457	

Hawai'i rate nearly half national rate and increasing at a slightly slower rate of increase.

Percent graduating from public high school 'on time'

	1985	1986	1987	1988	1989	1990	1991	1993
HI	72.6	70.0	70.8	69.1	68.9	74.3	65.1	79.3
US	71.6	71.5	71.5	71.2	69.6	68.7	68.8	

This examines 1993 graduates as percentage of 1989 freshmen, public school only. Adding private school graduates increases slightly, to 80.8 for 1993.

Percent teens not in school, not in labor force (ages 16-19)

	1985	1986	1987	1988	1989	1990	1991	1992
HI	4.6	4.4	4.5	4.3	4.8	5.0	5.2	5.2
US	5.3	5.2	5.0	4.8	4.9	5.0	5.0	

This indicates older teens not taking on expected roles in society — affected by unemployment levels, too.

Methodology and Sources

All rates and percents of child population are based on population numbers from the 1980 and 1990 census and official estimates of the 1992 population as provided by the Department of Business, Economic Development & Tourism or from official Bureau of the Census publications. Child population estimates for 1993 were made by Hawai'i Kids Count for the purpose of calculating the child death rate, juvenile violent crime arrest rates, teen violent death rate, and teenage pregnancy rate.

Family Composition and Resources

Percent of children in poverty: the percentage of related children under age 18 who live in families with incomes below the US poverty threshold, as defined by the U.S. Office of Management and Budget (adjusted to 115% for Hawai'i due to high cost of living). Source: census data and information from the Current Population Survey, March Supplement.

Percent in single parent families: the percentage of all children under age 18 who live in families headed by a person without a spouse present in the home. Source: census data and information from the Current Population Survey, March Supplement.

Percent of all births that are to single teens: the percentage of live births which occur to unmarried women under age 20. Source: Office of Health Status Monitoring, Department of Health.

Percent of families spending over 30% of income on shelter: the percentage of households burdened with shelter payments in excess of 30% of their income. Source: Prudential Locations, Inc. Research & Consulting Division and Hawai'i Housing Policy Study by Locations and SMS Research & Marketing Services for Housing Policy Consortium, 1993.

Percent with health insurance: the percentage of children under age 18 who are covered by private or public health insurance, including SHIP and Medicaid. Source: Current Population Survey, March Supplement.

Infancy and Early Childhood
roughly 0-5 years

Percent having early prenatal care: the percentage of live births in which the mother had prenatal care in the first trimester of the pregnancy. Source: Office of Health Status Monitoring, Department of Health.

Percent low birth-weight babies: the percentage of live births weighing under 2,500 grams (5.5 pounds). Source: Office of Health Status Monitoring, Department of Health.

Infant mortality rate: the number of deaths occurring to infants under one year of age per 1,000 live births. Source: Office of Health Status Monitoring, Department of Health.

Percent fully immunized by age 2: the percentage of children receiving the complete series of vaccines protecting them against childhood diseases (DTP/DT, Polio, Measles, Rubella and Mumps) within their first two years of life. Source: Report on Hawai'i's Children - Immunization, Department of Health, April, 1991.

Percent identified at developmental risk: the percentage of children birth to age 3 who have been identified as having developmental delays or biological risk factors and/or environmental risk factors which place them at risk of having delays in development. Source: Zero-To-Three Hawai'i Project.

Percent of poverty four year-olds enrolled in subsidized pre-school: the number of poverty-related four-year-olds enrolled in Head Start, Open Doors, and the Kamehameha Center-Based Preschools divided by the number of four-year-olds receiving AFDC. Source: Head Start, the Governor's Office of Children and Youth, and Kamehameha Schools; Department of Human Services.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 100,000 children age 0-5. Source: Department of Human Services.

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Elementary School Years
(roughly ages 6-11)

Child death rate: the number of deaths from all causes to children between ages 1 and 14 per 100,000 children in this age range. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of children with work force parents who are enrolled in supervised program: number of children enrolled in the A+ program divided by the number of children age 6-11 with both or only parent employed. Source: A+ enrollment from Department of Education; number of children with both or only parent employed from census data.

Percent of fourth graders scoring at or above the basic level of math on the National Assessment of Educational Progress (NAEP). This test is given to a sample of Hawai'i students in 104 public schools. Source: National Center for Education Statistics report.

Percent children with special needs enrolled in appropriate program: the number of children in public elementary schools enrolled in special education classes divided by the number of children in these public school grades. Source: enrollment data from Department of Education.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 100,000 children age 6-11. Source: Department of Human Services.

Youth
(roughly 12-18)

Rate of teen violent deaths: the number of deaths from homicide, suicide, and accidents to teens between ages 15 and 19, per 100,000 teens in this age group. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of eighth graders scoring at or above the basic level of math on the National Assessment of Educational Progress (NAEP). This test is given to a sample of Hawai'i students in 51 public schools. Source: National Center for Education Statistics report.

Percent graduating from high school on time: the number of high school graduates in any one year divided by the ninth grade enrollment four years earlier. Includes public and private schools. Source: Department of Education

Teens not in school, not in labor force: the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part-time), not in the labor force, not in the Armed Forces, and not a married full-time homemaker. Source: Census data for 1980 and 1990; Current Population Survey for 1992, using a three-year average (1991-93).

Rate of child abuse: number of youths (age 12-17) involved in confirmed reports of child abuse and/or neglect per 100,000 youths in this age group. Source: Department of Human Services.

Substance use rate: the percentage of tenth graders who report they regularly use alcohol. Source: biennial study by the Department of Health and Department of Education.

Teen pregnancy rate: the number of births, abortions, and fetal deaths to women under the age of 20 per 100,000 women of this age. Source: Office of Health Status Monitoring, Department of Health.

Juvenile violent crime arrest rate: the number of arrests of youths under age 18 for violent offenses (homicide, forcible rape, robbery, or aggravated assault) per 100,000 youths between ages 10 and 17. Source: Crime Prevention Division, Department of the Attorney General.

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